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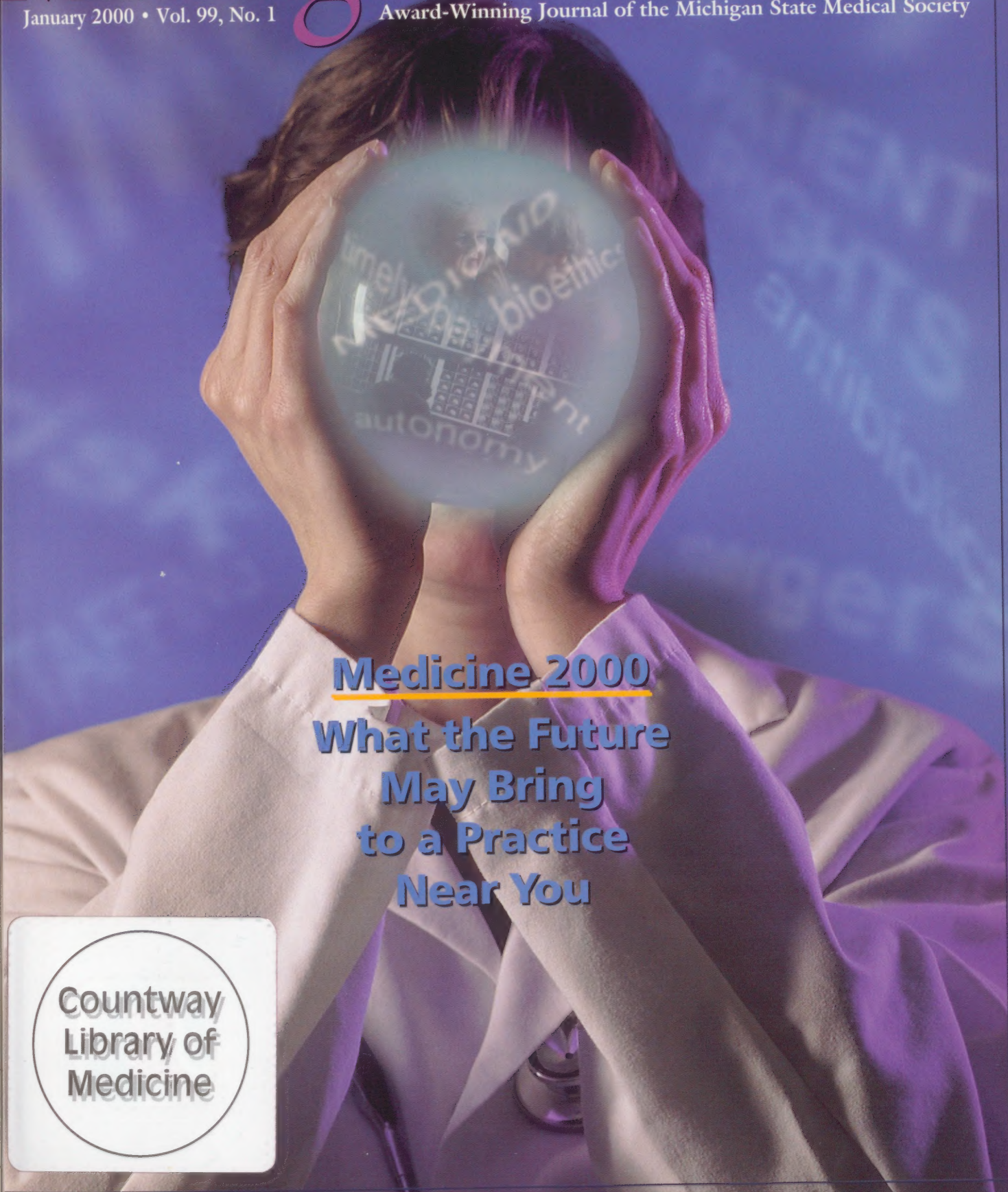
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Data Banks • Medicaid

Michigan Medicine

January 2000 • Vol. 99, No. 1

Award-Winning Journal of the Michigan State Medical Society



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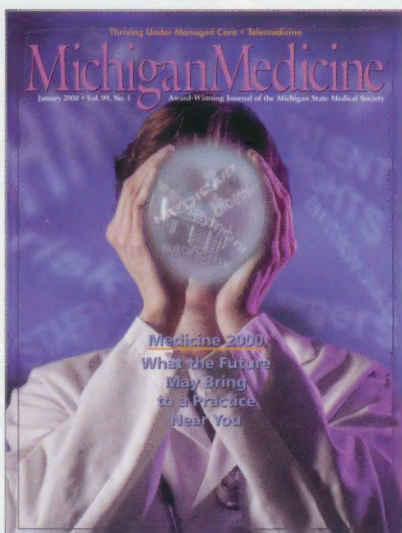
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MichiganMedicine

COVER STORY



Cover design by Kim Kauffman.

Medicine 2000: What the Future Will Bring to a Practice Near You

24

Put the federal Patient Bill of Rights, fair Medicaid reimbursement and timely payment, and new technology versus ethics on your calendar. They're among the issues that will dominate in 2000, say healthcare professionals and lawmakers.

By Ralph D. Ward

FEATURES

ASK OUR LAWYER

New National Data Bank Targets ALL Healthcare Professionals

5

MSMS Legal Counsel Richard D. Weber, JD, explains the new federal data bank.

PHYSICIAN PROFILE

Lori Mosca, MD: Striving to Reduce Heart Disease Globally

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Doctor Mosca specializes in preventative cardiology at the University of Michigan and spends many hours each week volunteering for the American Heart Association.

By Heather Hoyle

January 2000 Volume 99, Number 1

Website: <http://www.msms.org/>

E-mail: msms@msms.org

MSMS Member Services Hotline: 800-914-6767



The mission of the Michigan State Medical Society is to promote a health care environment which supports physicians in caring for and enhancing the health of Michigan citizens through science, quality, and ethics in the practice of medicine.

FEATURES

LEGISLATIVE PROFILE

Sen. Abraham Says Yes to Health Care

The senator outlines his plans for healthcare reform in 2000.

By Jennifer Higgins

THE FRANCIS A. COUNTWAY
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BOSTON, MA

16

SEP 27 2000

FEATURE

Medicaid Must Change So That Patients and Doctors Don't Lose

20

Michigan's Medicaid program, administered by the state Department of Community Health, desperately needs an infusion of both fairness and funding.

PEOPLE

Former MSMS Director Bruce Ambrose was a "Gem of a Man"

32

True to his generation, Bruce W. Ambrose left a legacy of openness, honesty, integrity and hard work. The fourth executive director in the history of the Michigan State Medical Society, Mr. Ambrose passed away on New Year's Eve, December 31, 1999, after a courageous bout with cancer. He was 76.

DEPARTMENTS

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Coming in *Michigan Medicine* in February:
Watch for a comprehensive look at MSMS activities to improve Medicaid and to gain timely payment for doctors.

Look for Michigan Medicine online at <http://www.msms.org/>



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the Voice of 14,000 Michigan Physicians

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Michigan Medicine, the official journal of the Michigan State Medical Society, is dedicated to providing useful information to Michigan physicians about actions of the Michigan State Medical Society and contemporary issues, with special emphasis on socio-economics, legislation and news about medicine in Michigan.

The Michigan State Medical Society Committee on Publications is the editorial board of **Michigan Medicine** and advises the editors in the conduct and policy of the magazine, subject to the policies of the MSMS Board of Directors.

Neither the editor nor the state medical society will accept responsibility for statements made or opinions expressed by any contributor in any article or feature published in the pages of the journal. The views expressed are those of the writer and not necessarily official positions of the society. **Michigan Medicine** reserves the right to accept or reject advertising copy. Products and services advertised in **Michigan Medicine** are neither endorsed nor warranted by MSMS, with the exception of a few.

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New National Data Bank Targets All Healthcare Professionals

By Richard D. Weber, JD

MSMS Legal Counsel



Question: I read that the federal government started a new data bank different from the National Practitioner Data Bank that's been around for a number of years. Is this true? If so, please explain it and how it differs from the existing National Practitioner Data Bank. Will the public be given access to this information?

Answer: The new Healthcare Integrity and Protection Data Bank (HIPDB), not to be confused with the National Practitioner Data Bank (NPDB), was mandated by the Health Insurance Portability and Accountability Act of 1996. The Department of Health and Human Services issued its final rules on October 26, 1999. The HIPDB went into limited service to receive information in November 1999. It is expected to begin accepting requests for information in early 2000.

The specific intent of Congress was to combat healthcare fraud and abuse. The law applies to all healthcare providers, suppliers and practitioners. Reporting is required with respect to civil judgments, except malpractice judgments, in federal and state courts related to the delivery of health care; federal or state criminal convictions related to the delivery of health care; actions by federal and state agencies responsible for the licensing and certification of healthcare providers; the exclusion of healthcare providers from participation in federal or state healthcare programs; and "any other adjudicated actions or decisions that

HHS Secretary establishes by regulation."

Federal and state law enforcement organizations, licensing boards and private health plans are required to report within 30 days of a final action or face a penalty of up to \$25,000 for each action not reported. The entities required to report must provide information on

all reportable adverse actions retroactive to August 21, 1996, the date the legislation was enacted.

Access to the information is limited to government agencies and private health plans required to report. Subjects may obtain access to their own reports. The public may not access the information. Significantly, hospitals are not allowed access to this new data bank.

Although Congress intended to combat healthcare fraud and abuse, it appears that the final rules are more expansive. They include adverse actions that the reporting

Continued on page 6

NPDB	HIPDB
PERSONS COVERED	PERSONS COVERED
Physicians and dentists.	All healthcare providers, suppliers and practitioners.
DATA REPORTED	DATA REPORTED
Information on malpractice payments; adverse licensure, clinical privileges and professional society membership actions.	Information on final actions including civil judgments and criminal convictions relating to health care; adverse licensing and credentialing actions; and federal or state healthcare program exclusions.
ACCESS	ACCESS
Hospitals, healthcare entities with a formal peer-review process, professional societies, state licensing boards and practitioners seeking information about themselves and certain attorneys.	Federal and state government agencies, health plans and providers seeking information about themselves.
REQUIRED QUERIES	REQUIRED QUERIES
Hospitals must query the data bank relative to the medical staff.	No required query.

Editor's note: If you have legal questions you would like answered by MSMS legal counsel in this column, jot them down and send them to Claudia Skutar, *Michigan Medicine* editor, MSMS, 120 W. Saginaw, East Lansing, MI 48823.

New National Data Bank *continued from page 5*

entity may unilaterally conclude should be reported, even though there is no specific finding of health care fraud and abuse. The final rules exclude administrative fines or citations, corrective action plans and other personnel actions unless they are connected to the billing, provision or delivery of healthcare services, and taken in conjunction with other licensure or certification actions such as revocation, suspen-

sion, censure, reprimand, probation, or surrender.

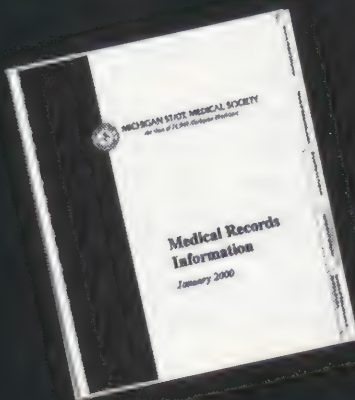
While there may be some overlap in the information collected by the two data banks, and both are run by the Health Resources and Services Administration, significant differences exist. The chart on page 5 summarizes the differences between the NPDB and HIPDB.

Both federal statutes preclude public access to the respective data banks. However, there has been strong support, including proposed

legislation, to open the NPDB to public scrutiny. The American Medical Association has strongly opposed making the data bank public. Information regarding malpractice settlements in the NPDB make public scrutiny even more objectionable. The public wouldn't understand that malpractice settlements often have no bearing on the quality of practice or ability of the physician. ■

The author is senior partner at Kerr, Russell, and Weber, Detroit.

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Lori Mosca, MD

Striving to Reduce Heart Disease Globally

By Heather Hoyle



Lori Mosca, MD

It is hard to imagine that the 24 hours in one day are enough to contain the numerous activities successfully undertaken by Lori Mosca, MD, PhD, director of Preventative Cardiology Research and Educational Programs, and director of Research National Center of Excellence for Women's Health at the University of Michigan.

Doctor Mosca, who specializes in preventative cardiology at the University of Michigan, spends numerous hours each week volunteering for the American Heart Association (AHA) in a variety of different positions. She is "professionally and personally dedicated to its mission." The mission statement of the AHA is to "reduce disability and death due to cardiovascular diseases and stroke." Doctor Mosca also adds, "Through effective research we can decrease the burden of heart disease and stroke in the state and country."

On a Medical Mission

Doctor Mosca has personally declared a crusade against the worldwide epidemic of heart disease and stroke occurring in women. She does so by volunteering her time and effort for several committees that are dedicated to the prevention of cardiovascular diseases in women. Doctor Mosca is the chair of the AHA Women's Heart Disease and Stroke Campaign. This national grassroots campaign has developed several public programs to "increase awareness and action for heart disease prevention in women." She serves as chair on the AHA/American College of Cardiology (ACC) Society of Cardiology Preventive Guidelines for Women. This society makes recommendations to physicians in order to decrease cardiology problems in women. Doctor Mosca also is the president-elect of the AHA Midwest Affiliated Board of Directors.

Globe-trotting

Originally Doctor Mosca began a hands-on crusade against the worldwide problem of heart disease. She traveled to Russia with a humanitarian relief team sponsored by Americares. Although Doctor Mosca found this experience "extremely rewarding," she did not feel that she could make the most impact in this hands-on arena. After this

trip she shifted her campaign to the "bigger picture of health around the world."

Campaign Continues

In May 2000, Doctor Mosca will travel to Victoria, British Columbia as a representative on the AHA's Steering Committee for the First International Conference on Heart Disease in Women. The conference will bring together leaders together to discuss and establish heart health agendas. This conference ties in with Doctor Mosca's global interests concerning heart disease in women. Her goal is to network with global scientific leaders to share information with developing countries concerning the immense dilemmas of heart disease. In her opinion, aiding in the development of global public policies on heart disease will have a much broader impact.

Perhaps Doctor Mosca explains her intentions and reasons for her endeavors the best to her sons, Matthew 9 and Michael 7. She tells them, "It is a privilege to live in the United States. We have the best doctors on the planet. Most of the people on the earth don't have the same opportunities that we do. We are all affected by what happens outside our own backyard. We all benefit from a healthier world, and we can each make a difference."

The author is a freelance writer for MSMS.

"We are all affected by what happens outside our own backyard. We all benefit from a healthier world, and we can each make a difference."

— Lori Mosca, MD

Thanks to the MSMS Foundation, elementary children all over Michigan are learning how to have healthy hearts.

Your contribution today will enable the Foundation to support health promotion projects all over the state, such as the American Heart Association's HeartPower! Project in elementary schools.



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Women's Health: A Lifetime of Care

Thursday-Friday, April 13-14, 2000

Novi Hilton Hotel

Presented by: Michigan State Medical Society

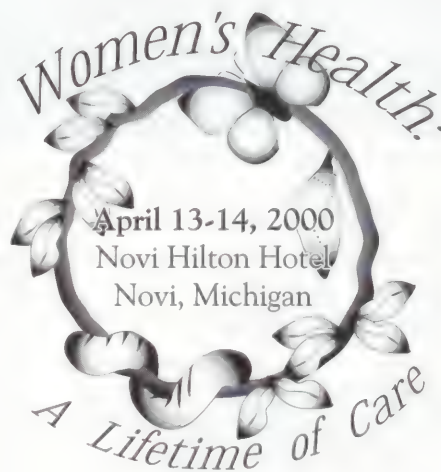
Center for Physician Education and Leadership

This Conference presents a look at women's health from adolescents to seniors with an emphasis on:

- Gender and economic disparities
- Patient/Physician communication
- Breaking down barriers to care
- Screening, prevention and intervention

The conference will provide practical models and protocols to enhance women's health across the spectrum of life. It features Marianne Legato, MD, Director, Women's Health Partnerships, Columbia University and other nationally-recognized speakers.

To register, contact Sherry Fent at MSMS at 517-336-5730 or sfent@msms.org.



FEBRUARY

1 Digital Photography Session for MSMS Physicians Locator—Conducted by HealthDirectory.com

MSMS and HealthDirectory.com have partnered to develop a new, searchable pictorial directory of MSMS member physicians. MSMS members are encouraged to take advantage of this free digital photo session. See our website for more details at www.msms.org.

St. John Macomb Hospital Warren

Staff: HealthDirectory.com

Contact: Laurel Henley

Phone: 800-355-5821

2 Medicaid Access Day

State Capitol, Lansing

Staff: Colin Ford

Contact: Same

Phone: 517-336-5737

Email: cford@msms.org

2 MSMS Committee on Technology in Medicine, MSMS Headquarters, East Lansing 2:00 p.m.

Staff: Mary Anne Ford

Contact: Same

Phone: 517-336-5721

Email: maford@msms.org

2 Digital Photography Session for MSMS Physicians Locator

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Bi County Community Hospital Warren

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Contact: Laurel Henley

Phone: 800-355-5821

3 Michigan Association of Apnea Professionals (MAAP), MSMS Headquarters, East Lansing, 8:00 a.m.- 1:00 p.m.

Staff: MAAP

Contact: Earlene Valler

Phone: 517-483-2593

3 Digital Photography Session for MSMS Physicians Locator—Conducted by HealthDirectory.com. See the MSMS website for more details at www.msms.org.

Port Huron Hospital Port Huron

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Contact: Laurel Henley

Phone: 800-355-5821

4 Michigan Society of Respiratory Care House Meeting MSMS Headquarters East Lansing 9:00 a.m.-4:00 p.m.

Staff: Liz Foster

Contact: Same

Phone: 517-336-7587

Email: efoster@msms.org

4 Digital Photography Session for MSMS Physicians Locator—Conducted by HealthDirectory.com. See the MSMS website for more details at www.msms.org.

Genesys Regional Medical Center Grand Blanc

Staff: HealthDirectory.com

Contact: Laurel Henley

Phone: 800-355-5821

7 MSMS Committee on Concerns of Women Physicians Meeting

****CONFERENCE CALL** 8:00 a.m.**

Staff: Sherry L. Barnhart

Contact: Same

Phone: 517-336-5786

Email: sbarnhart@msms.org

7 Digital Photography Session for MSMS Physicians Locator—Conducted by HealthDirectory.com. See the MSMS website for more details at www.msms.org.

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Hurley Medical Center Flint

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Contact: Laurel Henley

Phone: 800-355-5821

9 MSMS Medicaid Liaison Committee Meeting, MSMS Headquarters, East Lansing, 1:00-5:00 p.m.

Staff: Colin Ford

Contact: Same

Phone: 517-336-5737

Email: cford@msms.org

9 Digital Photography Session for MSMS Physicians Locator—Conducted by MSMS and HealthDirectory.com. See the MSMS website for more details at www.msms.org. McLaren Regional Medical Center, Flint

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10 Digital Photography Session for MSMS Physicians Locator—Conducted by HealthDirectory.com. See

Continued on page 12



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Continued from p. 10

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Staff: HealthDirectory.com
Contact: Laurel Henley
Phone: 800-355-5821

16 MSMS Liaison Committee with MDPH Meeting, MSMS Headquarters, East Lansing, 1:00 - 5:00 p.m.
Staff: Colin Ford
Contact: Same

Phone: 517-336-5737
Email: cford@msms.org

16 MSMS Committee of Specialty Society Presidents Meeting, MSMS Headquarters, East Lansing, 3:00 - 5:00 p.m.
Staff: Tom Seely
Contact: Same
Phone: 517-336-5770
Email: tseely@msms.org

16 Digital Photography Session for MSMS Physicians Locator—Conducted by HealthDirectory.com. See the MSMS website for more details at www.msms.org.
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18 Digital Photography Session for MSMS Physicians Locator—Conducted by HealthDirectory.com. See the MSMS website for more details at www.msms.org.
 Ingham Regional Med Ctr Greenlawn Campus, Lansing
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Contact: Laurel Henley
Phone: 800-355-5821

21 Digital Photography Session for MSMS Physicians Locator—Con-

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 Sparrow Hospital, Lansing
Staff: HealthDirectory.com
Contact: Laurel Henley
Phone: 800-355-5821

23 MSMS Foundation Board Meeting **CONFERENCE CALL** 1:30 - 2:00 p.m.
Staff: Julia Ahmed
Contact: Same
Phone: 517-336-5728
Email: jahmed@msms.org

MARCH

2 MSMS CME Accreditation Subcommittee Meeting, MSMS Headquarters, East Lansing, 12:00-1:30 p.m.
Staff: Sarah Cressman
Contact: Same
Phone: 517-336-5727
Email: scressman@msms.org

2 MSMS CME Accreditation Committee Meeting, MSMS Headquarters, East Lansing, 1:30-4:30 p.m.
Staff: Sarah Cressman
Contact: Same
Phone: 517-336-5727
Email: scressman@msms.org

3-4 MSMS Joint Section Meeting
 Ritz-Carlton Hotel Dearborn
Staff: Nate Pilon
Contact: Same
Phone: 517-336-5707
Email: npilon@msms.org

8 MSMS CME Programming Committee Meeting, MSMS Head-

Continued on p. 15

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—Edgar P. Balcueva, MD
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Spectrum Health - Downtown, Grand Rapids, MI

Continued from p. 12

quarters East Lansing 3:00–5:30 p.m.

Staff: Sarah Cressman

Contact: Same

Phone: 517-336-5727

Email: scressman@msms.org

8 Michigan Society of Respiratory Care Pulmonary Rehabilitation & Diagnostics Meeting, MSMS Headquarters, East Lansing, 10:00 a.m.–4:00 p.m.

Staff: Liz Foster

Contact: Same

Phone: 517-336-7587

Email: efoster@msms.org

13 MSMS/MICOA Making the Rounds Program Mercy Health System, Cadillac, Entire day

Staff: Tom Plasman

Contact: Same

Phone: 517-324-6958

Email: tplasman@micoa.com

15 MSMS Board of Directors Meeting, MSMS Headquarters, East Lansing, 10:00 a.m. - 4:00 p.m.

Staff: William E. Madigan

Contact: Irene Frost

Phone: 517-336-5734

Email: ifrost@msms.org

18 Michigan Society of Medical Assistants Meeting MSMS Headquarters, East Lansing, 9:00 - 4:00 p.m.

Staff: Liz Foster

Contact: Same

Phone: 517-336-7587

Email: efoster@msms.org

22 MSMS Advisory Committee on Medical Economics, MSMS Headquarters, East Lansing, 3:00 - 5:00 p.m.

Staff: Julie Lester

Contact: Same

Phone: 517-336-5768

Email: jlester@msms.org

22 MSMS/MICOA Making the Rounds Program Henry Ford Hospital/Medical Center - Wyandotte, Wyandotte, Entire day

Staff: Tom Plasman

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22 Michigan Society of General Surgeons Meeting, MSMS Headquarters, East Lansing, 5:00 - 7:00 p.m.

Staff: Liz Foster

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25 Michigan Association of Medical Examiners Mid Year Meeting MSMS Headquarters, East Lansing 9:00 a.m. - 2:00 p.m.

Staff: Liz Foster

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APRIL

7 Michigan Society of Respiratory Care House Meeting, MSMS Headquarters, East Lansing, 9:00 a.m. - 4:00 p.m.

Staff: Liz Foster

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E-mail: efoster@msms.org

12 MSMS Foundation Board Meeting, MSMS Headquarters, East Lansing, 1:00 - 4:00 p.m.

Staff: Julia Ahmed

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28 MSMS Board of Directors Meeting, Amway Grand Plaza, Grand Rapids

Staff: William E. Madigan

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28–30 MSMS House of Delegates Amway Grand Plaza, Grand Rapids

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30 MSMS Board of Directors Meeting, Amway Grand Plaza Grand Rapids

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Sen. Abraham Says Yes to Health Care

By Jennifer Higgins

"I believe physicians are doing the best possible job. We need to reign in the bureaucracy."

—Sen. Spencer Abraham

With Congress reconvening in January, important healthcare issues have quickly taken center stage on Capitol Hill. Related issues will continue to emerge at a rapid rate throughout 2000.

U.S. Sen. Spencer Abraham (R-Michigan) says he is steadfast in pushing for legislation that will improve the practice of medicine for physicians and the receipt of quality care for patients. "America has the greatest healthcare system in the world. Putting patients first and continuing to provide people with affordable access to quality healthcare coverage are my priorities," states Sen. Abraham.

Goals for 2000

Sen. Abraham has outlined several healthcare-related goals as part of his comprehensive agenda. Reforming the way the Health Care Financing Administration (HCFA) operates in Washington is one important priority. "Bureaucracy is out of control," says Sen. Abraham. "I believe physicians are doing the best job possible. We need to reign in the bureaucracy — there's just too much red tape for physicians."

Secondly, Sen. Abraham will push for a reformed healthcare system that will give families the protections they want and need; will ensure that medical decisions are made by physicians in consultation with their patients; and will make health insurance more affordable for those who are struggling to afford it or who have none at all. "We can't go on letting non-medical administrators make those important calls," says Sen. Abraham.

The senator was one of only three Republicans to support the amendment to allow physicians to decide what is medically necessary as part of the Patients Bill of Rights. At this printing, the two versions of the Patients Bill of

Rights were expected go to conference shortly after Congress reconvened in late January. "I'm not totally happy with either bill. I think both could be improved," comments Sen. Abraham. "I think the Senate bill fell short of what I'd like to

see as a final bill. I am confident that the differences will be worked out as the issues are debated in conference."

Reforming the Medicare system is another top priority for Sen. Abraham. "HCFA's interpretation of the Balanced Budget Act of 1997 has dramatically reduced reimbursement way beyond what Congress intended," says Sen. Abraham. "We need to reform the system on a comprehensive basis at least by 2001 so Medicare remains permanently solvent. We also need to look at the availability of prescription drugs for people who are less fortunate, as well as a prescription benefit for others."

According to Sen. Abraham, when the Balanced Budget Act was passed, the intention of Congress was to reduce spending by \$100 billion over five years. With the rules and regulations that have been put into place by HCFA, the reduction in spending is projected to be more like \$200 billion over five years. "We can't put healthcare providers who are acting responsibly at risk. The additional \$100 billion in reductions will cut to the bone the way the organizations impacted operate. We can't have that," says Sen. Abraham.

Another priority for Sen. Abraham is the passing of the Folic Acid Promotion and Birth Defects Prevention Act. This legislation will allow for professional and public education and training, research, and epidemiological activities. Sen. Abraham is the lead sponsor of this legislation with strong support by the March of Dimes. If passed, this legislation will authorize appropriations of \$20 million in the first fiscal year and as necessary in years two through four.

Finally, Sen. Abraham cosponsored legislation to provide assistance for poison prevention and to stabilize the funding of regional poison control centers. This legislation passed the Senate by unanimous consent and is now waiting to be passed by the House.

Protecting Medicare

According to Sen. Abraham, the recent passing of the Medicare Reimbursement Act is a step in the right direction to reduce the unintended problems caused by the passing of the Balanced Budget Act of 1997. This first bill included an initial infusion of \$12 billion in to the healthcare system to diffuse current problems resulting from the Balanced Budget Act. "I've heard more about this issue because of the crises people are in as a result of the lower reimbursements and additional cuts proposed by HCFA," says Sen. Abraham. "When we look back at the 1999 session of the budget bill, those who supported the passing of the Medicare Reimbursement Act said yes to health care." He adds, "We must act now to ensure that our citizens continue to receive the best health care in the world. We must counteract the cuts that HCFA has enacted."

Reforming Health Insurance

Sen. Abraham cosponsored the Kassebaum-Kennedy Health Care Portability Legislation which made specific, targeted reforms to the present health insurance system. This legislation increases portability of health insurance coverage in groups and individual markets; combats waste, fraud and abuse in health insurance and healthcare delivery; promotes the use of medical savings accounts; improves access to long-term care services and coverage;

provides coverage for pre-existing conditions; and increases the tax deduction for the self-employed. "We worked hard to increase the percentage of deductible health insurance premiums," adds Sen. Abraham. "I would like it to be 100 percent, but at this time premiums are 60 percent deductible. As the current legislation stands, premiums will be 100 percent deductible by the year 2007. I would like to see that happen sooner."

Sen. Abraham was first elected to the Senate in 1994 and boasts a 100 percent voting record. He serves as a member of the Senate Budget; Judiciary; Commerce, Science and Transportation; and Small Business Committees. He also has chaired the Immigration Subcommittee and the Subcommittee on Manufacturing and Competitiveness. Born and raised in East Lansing, Sen. Abraham is a graduate of Michigan State University and Harvard Law School.

For information about MSMS federal legislative activities, please contact MSMS Managing Director Kevin A. Kelly at 517-336-5742 or kkelly@msms.org. ■

The author is a Grand Rapids-based freelance writer.



U.S. Sen. Spencer Abraham (R-Michigan)

"We must act now to ensure that our citizens continue to receive the best health care in the world."

—Sen. Spencer Abraham

Michigan Medicine carries a list each month of Michigan opportunities for doctors to obtain Category 1 CME credits toward state licensing requirements. Sponsors of Category 1 programs and courses in Michigan are invited to submit information for the monthly calendar. Listings detail programs approved for at least two hours of Category 1 CME credit. Contacts are provided so that physicians may obtain further information.

February

3, MSMS Internet Training Seminar, Baker College, Auburn Hills, Michigan. **Contact:** Randy Gavorin at MSMS at 517-336-7594. **Approved:** 2 Category 1 CME credits.

9, MSMS Internet Training Seminar, Lansing Community College, Lansing, Michigan. **Contact:** Randy Gavorin at MSMS at 517-336-7594. **Approved:** 2 Category 1 CME credits.

10, MSMS Internet Training Seminar, Baker College, Auburn Hills, Michigan. **Contact:** Randy Gavorin at MSMS at 517-336-7594. **Approved:** 2 Category 1 CME credits.

16, MSMS Internet Training Seminar, Lansing Community College, Lansing, Michigan. **Contact:** Randy Gavorin at MSMS at 517-336-7594. **Approved:** 2 Category 1 CME credits.

17, MSMS Internet Training Seminar, Baker College, Auburn Hills, Michigan. **Contact:** Randy Gavorin at MSMS at 517-336-7594. **Approved:** 2 Category 1 CME credits.

23, MSMS Internet Training Seminar, Lansing Community College, Lansing, Michigan. **Contact:** Randy Gavorin at MSMS at 517-336-7594. **Approved:** 2 Category 1 CME credits.

24, MSMS Internet Training Seminar, Baker College, Auburn Hills, Michigan. **Contact:** Randy Gavorin

at MSMS at 517-336-7594. **Approved:** 2 Category 1 CME credits.

25 MSMS, MOA and the Greater Detroit Area Health Council Present — Complementary Medicine: Revolution or Evolution? Novi Hilton Novi 8:00 a.m. - 4:00 p.m. **Staff:** Mary Anne Ford Email: maford@msms.org **Registration:** Esther Nobles Phone: 517-336-5766

March

14-17 12th National HIV/AIDS Update Conference: HIV/AIDS at the Crossroads—Confronting Critical Issues. Sponsored by the American Foundation for AIDS Research Bill Graham Civic Auditorium San Francisco, CA <http://www.amfar.org/nauc>

Staff: amfAR

Contact: Felicissimo & Associates, Inc.

Phone: 514-874-1998

Email: nauc@total.net

25-28 AMA National Leadership Development Conference Miami, FL

Staff: Julie Lester

Contact: Same

Phone: 517-336-5768

Email: jlester@msms.org or the AMA on the Internet at: www.ama-assn.org

29-4/02 2000 International Conference on Physician Health: "Recapturing the Soul of Medicine" Co-Sponsored by the AMA and the Canadian Medical Association Seabrook Island, The Conference

Resort (Near Charleston) South Carolina

Staff: AMA

Contact: Same

Phone: 800-621-8335 or 312-464-5066

Email: www.ama-assn.org

April

13-14 Women's Health: A Lifetime of Care Novi Hilton Novi

Staff: Sherry Fent 517-336-5730

E-mail: sfent@msms.org

Registration: Esther Nobles

Phone: (517) 336-5766

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Medicaid Must Change so that Patients and Doctors Don't Lose

Michigan's Medicaid program, administered by the state Department of Community Health, desperately needs an infusion of both fairness and funding. State government has for years paid physicians who provide quality care for the state's Medicaid patients at a rate much less than physician costs to perform these treatments. Physicians who treat Medicaid patients have long been operating at a loss in this area, something which doctors whose practices comprise most or all Medicaid patients cannot sustain for very long. Physicians, who are sworn by the Hippocratic Oath to "do no harm," are left to choose between their ethical obligations to their patients and the financial realities of accepting Medicaid.

Under the federal Social Security Act of 1902, Michigan must assure that Medicaid recipients have access to quality medical care. In its reimbursement to physicians and other providers of care, the state, by law, is required:

- To assure that provider reimbursement is consistent with efficiency, economy, and quality of care.
- To provide reimbursement at a rate sufficient to enlist enough providers so that Medicaid recipients have at least the same access to healthcare services as the insured population.

Physicians have willingly over the years the Medicaid program has been in place continued treatment of less fortunate members of their communities despite low reimbursement levels. Michigan's state government has not demonstrated the same commitment to Medicaid patients, as exemplified in its refusal to make both

timely payments to doctors serving this population and enough payment to at least reimburse physician costs.

Unfortunately, the recent shift of the Medicaid program to managed care has created new and burdensome obstacles for doctors already dealing with problems caused by underpayment. (See the reprint on page 22 of recent commentary from *The Flint Journal* titled, "Michigan's Medicaid Program in Shambles.") The results have been detrimental both to Medicaid patients and to physician practices.

For instance, prior to the state's shift from fee-for-service treatment to managed care comprised of contracted health plans administering a "money-saving system" of one low payment treats

all, Michigan was known as a bottom feeder in paying its doctors. It ranked among the lowest 10 states in Medicaid reimbursement. Still, physicians continued to willingly fulfill their ethical obligation to treat Medicaid patients.

However, with the state's transfer of Medicaid responsibilities to private for-profit health plans intent on saving money, physicians have experienced more bureaucratic obstacles and even less Medicaid reimbursement since middlemen are now taking a chunk of it.

The bureaucratic obstacles? Delayed payment, difficulties obtaining preauthorizations, denial of payment and mountains of paperwork are just a few that physicians and their office staffs must overcome. This added burden further ups the cost of treating a Medicaid treatment while at the same time slowing down service. Less resources to go around, in other words. Physicians often must resort to writing off their losses rather than compounding their

"Bureaucrats divorce themselves from responsibilities for care that the state used to take seriously. That may serve the ideology of privatization, but Michigan's healthcare system and the people who depend on it are paying the price."

—The Flint Journal

MSMS nearly finished with state's Medicaid data

MSMS has processed nearly all data received from seven state agencies on Medicaid timely payment and funding. The society plans to release results in early 2000, having obtained the data through a Freedom of Information Act (FOIA) request filed with the agencies Sept. 1, 1999. MSMS sought the data:

- To make accessible to doctors and lawmakers details about state Medicaid funding and Medicaid payments to participating doctors.
- To investigate the state's possible non-compliance with federal law outlining state requirements for payments to those caring for Medicaid patients. MSMS already is using some of the data obtained in helping doctors contract with Medicaid.

The cover story of February's *Michigan Medicine* will provide a comprehensive look at the state's Medicaid climate and how MSMS is pushing state agency officials and lawmakers to improve it. Also watch *Medigram* and the MSMS website (www.msms.org) for details on further developments.

For more information, contact Colin Ford at MSMS at 517-336-5737 or at cford@msms.org.

Appropriations convened a series of Medicaid oversight hearings to gain insight into the problems. Following testimony from physicians, hospitals, health plans, and officials from the Michigan Department of Community Health, the subcommittee proposed legislation to address many of the problems facing the Medicaid program in Michigan. It urges the legislature to:

- Explicitly define what constitutes a "clean" claim.
- Require timely payment of claims.
- Establish a disputed claims resolution process under the state insurance commissioner's supervision.
- Require contracted ("qualified") health plans to have standardized electronic claims processing systems.
- Establish risk sharing of prescription costs and high medical cost cases.

These provisions may give doctors caring for Medicaid participants some relief from the headaches caused by red tape. However, the plan doesn't address adequate funding of the program itself. And doctors know that they can't continue to absorb the financial losses incurred in treating Medicaid patients and still survive in practice. Thus, immediate legislative steps are needed to ensure that doctors get paid enough, on time, so that they can keep serving their Medicaid patients. The alternatives are bleak.

To urge the legislature to act, MSMS is coordinating Medicaid Access Day in Lansing on Tuesday, Feb. 2. At this writing, doctors and friends of medicine are to convene at the State Capitol to visit lawmakers and tell them how detrimental it is for patients to lose Medicaid caretakers in their communities.

For more information, contact Colin Ford, chief, State Government Affairs at 517-336-5737 or at cford@msms.org ■

costs by devoting additional staff time to recuperating their fees. How many businesses could survive, let alone thrive, in such a climate, physicians are increasingly forced to ask themselves.

MSMS continues to work with the Michigan Legislature and state departments to get them to address these problems. Recently, the Senate Subcommittee on Community Health

Media Hears MSMS Message on Medicaid:

Here's What They're Saying

Peter Luke
Capitol Commentary

MICHIGAN'S MEDICAID PROGRAM IN SHAMBLES

It's the largest privatization effort of Gov. John M. Engler's administration. Is it working?

You would expect Democrats to say the state's massive shift of its health care program for the poor into private administrative hands is a mess.

What's surprising is that Republicans aren't disagreeing.

This fall, state Sen. Joel Gougeon, R-Bay City, held a series of hearings on the Medicaid system's transition to managed care. The program serves more than 750,000 patients.

In turn, the state's doctors and hospital administrators have, in the past several weeks, unloaded their frustrations.

David Seaman, an executive with the Michigan Health and Hospital Association, said Medicaid is in "administrative shambles."

When submitting claims, physicians and hospitals "are left waiting months for a check that will almost assuredly be far less than the amount that was billed," said Dr. Krishna Sawhney, president of the State Medical Society.

In an attempt to control rising Medicaid costs, the Engler administration in 1997 turned to managed care. Since taxpayers now grapple with managed care every day, it was reasonable to apply the same cost controls to care provided to the poor.

Then the Department of Community Health did two things. It turned over a state-managed system to for-profit companies financially and administratively unprepared for the responsibility.

Secondly, there isn't nearly enough money to pay for that care, health care providers say.

The result, some Republicans say, is that the \$1.3 billion Medicaid program is broken, administratively and financially.

The impact is felt not just among the poor, but among everyone else.

If you're a pregnant woman in Albion, you now have to drive to Battle Creek or Jackson to deliver your baby because the local hospital was forced to close its obstetrical unit. A high percentage of expectant mothers were on Medicaid, and given low reimbursement rates, Albion's Trillium Hospital no longer could absorb the financial loss.

"It's the entire community that suffers when essential health services are eliminated," Trillium President Michael Boff told the Senate committee.

"If the state can't take care of the health care needs of the poor and disabled at a time when the state's economy has never been stronger, what will happen if there's an economic downturn?"

Other hospital officials complain of nonpayment for services, late payments, endless billing disputes and significant cuts in reimbursement rates.

The Battle Creek Health System has a backlog of \$3 million in unpaid bills, while the Henry Ford Health System in metropolitan Detroit is waiting for \$50 million. Port Huron Hospital is owed \$600,000 from a state-picked health plan that went bankrupt.

From Gougeon's district, Anthony Armstrong, president of Bay Medical Center in Bay City, said the state has the "responsibility to manage the health care of the disadvantaged...not just the cost of that care."

State government used to be in the business of managing that care with tax dollars. Now government's role apparently is to simply transfer that money to private companies in the belief that they can do it better.

In the process, the bureaucrats divorce themselves from responsibilities for care that the state used to take seriously. That may serve the ideology of privatization, but Michigan's health care system and the people who depend on it are paying the price.

—Published in *The Flint Journal*, Dec. 5, 1999. Used with permission of Booth Newspapers Lansing Bureau.



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A person in a white lab coat is shown from the chest up, holding a glowing, translucent orb in front of their face with both hands. The orb contains faint, glowing text that includes "Medicine 2000", "bionics", and "MICROFILM". The person's face is obscured by the orb. The background is a soft, out-of-focus blue and purple gradient. A stethoscope is visible around the person's neck.

Medicine 2000

What the Future May Bring to a Practice Near You

By Ralph D. Ward

Predicting the future is difficult in a fast-changing field such as health care. For instance, in 1900, there were many bright assurances about the state of medical care as we began a new century — this at a time when patients were more likely to die from hospital care than if they had stayed at home in bed. Healthcare predictions for the entire first century

"Though these bills differed in scope, the intention of both was clear—to address growing concerns over the practices of managed care organizations."

—Susan H.

Adelman, MD

Medicine 2000

Continued from p. 25

of the new millennium are risky. But if we limit our scope to the year 2000 and to factors that will effect the practice of medicine in Michigan, our view becomes much clearer. What will be the major issues facing Michigan physicians in the year ahead, and how can you be involved in shaping them?

Doctors turn up heat on lawmakers

The year 2000 will see a number of issues crucial to health care being debated in our state and federal legislatures. At the federal level, Patients' Bill of Rights legislation was the biggest story of 1999, but the new year will bring the follow-through needed to turn this initiative into law. "The Patients' Bill of Rights bill was a smashing success in the House" observes



Susan H. Adelman, MD

Susan H. Adelman, MD, former MSMS president and a member of the AMA board. "However, the version that passed in the Senate was much weaker." A House/Senate conference committee will meet early this year to shape a compromise, but Doctor Adelman warns that lack of

strong supporters on the panel could make it dangerous for any final law. "The conference committee has its weaknesses... there's no Norwood or Dingel on it, and only one of the [House] members who voted for the bill." However, she predicts that committee members will be under strong pressure to reach an agreement that looks more like the strong House bill.

The Patient Bill of Rights package aims to "provide increased accountability of health insurers to the patients" notes Congressman Dave Camp (R-Midland). "Though these bills differed in scope, the intention of both was clear



Cong. Dave Camp

— to address growing concerns over the practices of managed care organizations."

Patient safety will be one of the hot new areas of legislative and regulatory oversight in 2000. The Institute of Medicine's report claiming some 44,000 to 98,000 patient deaths

yearly through medical errors stirred great media attention when spotlighted by President Clinton late last year. The president's response, calling for a new National Center for Patient Safety, and for mandatory reporting of errors, will set the agenda in the coming year. "Safety is an easy issue," says Doctor Adelman. "The president can raise it and just say 'Well, solve that.'" However, she notes, physician-based action is already underway at the national level to improve the quality of care. "The AMA's put together the National Patient Safety Foundation, and, through money and grants, is working to raise the profile of patient safety issues. The profession needs to be involved in an effective way, with good, patient-centered responses."

In Michigan, the legislative year ahead can be summed up in advance with one word — Medicaid, according to MSMS Director of Government Relations Greg Aronin. "From our perspective, the number one issue is Medicaid. An underfunded system is putting enormous strain on physicians and the whole healthcare structure." According to state Senate Majority Leader Dan DeGrow, "Concerns have been raised about the overall effec-



Sen. Dan DeGrow

tiveness of our state's Medicaid payment system. The Senate Community Health Appropriations Subcommittee began conducting oversight hearings this past October, and recently held a hearing on proposed recommendations. The legislature will begin debate on these in the new year." (For more on state Medicaid concerns, see the related story on Medicaid on page 20 of this issue of *Michigan Medicine*.)

Further legislative efforts to improve payment for medical services are also in the works at the state level for 2000. The timely payment legislation package, Senate Bills 693 through 698, would mandate that healthcare plans, including HMOs, Blue Cross/Blue Shield and private plans, reimburse all standard claims within 30 days of electronic submission, or 45 days of submission on paper. Failure to meet this payment deadline would lead to fines for the plan. Hearings on the timely payment package are set for February 29 (this is a Leap Year). "The outlook for timely payment is still in contention, says Aronin. "It will depend on whether the legislature has heard from enough people. That will help determine success."

While the above-mentioned legislation compels payer accountability to physicians, another anticipated Michigan bill would bolster payer accountability to patients. The legislation would "provide accountability for the decisions made by HMOs" says sponsor state Rep. Marc Shulman (R-West Bloomfield). Patients would gain standing to sue HMOs and other third-party payers over coverage issues, subject to review by an independent oversight body. "I hope this will encourage final decisions on patient care to be made by physicians, and not by health plans" says Schulman. Further state legislation in the hopper for the new century includes a bill to repeal the Official Prescription Program, which could make it easier for hospice patients to receive powerful pain medication. Overall, says Aronin, the next year could prove productive for legislation as the first class

Continued on p. 28

Executive Prediction 2000:

It obviously will not be "business as usual" in the healthcare field in 2000 and beyond.

Hospitals are suffering financial trauma from cuts in Medicaid and Medicare, resulting in thousands of layoffs and even some closings. Physicians are squeezed from every direction to do more and expect less.

The entire health care system will continue to see a certain level of turmoil in the next year, but the wise will withstand the hardship with clear thinking, strategic decision-making and solid leadership.

Enlightened hospital administrators will forge a new working relationship with physicians to ensure stability in the new millenium. We will see the number of hospital-employed physicians decrease even while the number of physician negotiating units increases. Interest in out-patient surgical centers also will increase because of the compelling reduction in costs offered through these services.

Physicians will turn more frequently to the Michigan State Medical Society for assistance in efficiently running their offices; from our "Just One Time" application service to our in-house billing and coding experts to our reimbursement ombudsman to our office staffing service.

Physicians also will make major strides in utilizing technology in areas such as electronic claim submission, electronic patient records, communication with patients and other physicians and to access continuing medical education programming on-line, among others.

Additionally, physicians will continue to join MSMS' grassroots political activity to continue their roles as patient advocates in ensuring access to the Medicaid program, safety concerns in scope of practice issues and appropriate use of Michigan's portion of the federal tobacco settlement money, among many other healthcare issues.

And finally, unfortunately we will likely see drug costs continue to rise. But, on the plus side, we will see more HMOs turning medical necessity decisions back to physicians.

Despite the current turmoil in health care, the immutable physician/patient will survive and thrive in the new millenium.

William E. Madigan, Executive Director
Michigan State Medical Society

Medicine 2000

Continued from p. 27

of new legislators swept in by state term limits gains experience. "Sixty-five new representatives now have their feet and understand the legislative process. The next few months have the potential for being very productive."

Healthcare story will include money and data

As is apparent from discussing the legislative agenda, issues of managed care funding and delivery will be the major concern for state health care in the year ahead. "Employers don't always understand the cost of providing health care services," says Gregory J. Forzley, MD, medical director of Clinical Care with Advan-



Gregory J. Forzley, MD

tage Health in Grand Rapids. But Doctor Forzley sees this as part of a larger societal avoidance on the issue of paying for health care. "It's a funding issue of whether we as a society want to provide care to everyone — do we become socialistic to meet this need, or do we pull back?"

Such issues work their way down to the medical practice level, however, through two basic questions: Will doctors and hospitals receive adequate payment for the services they provide? And secondly, who will make decisions on the need and cost efficiency of treatment — physicians, or distant bureaucrats in healthcare plans? "The industry needs to clarify the role of the physician in patient care issues" observes Doctor Forzley, "dealing with things like the financial aspects of care versus decisionmaking power."

At Blue Cross Blue Shield of Michigan, leadership already sees this redefinition of power taking place, with the pendulum swinging back

in favor of physicians. "I think there is clear change underway, and what we're doing at BCBSM is in line with national trends" observes Thomas J. Ruane, MD, associate medical director with the Blues. "We're working to delegate decisions on performance to hospitals and physicians, within clear guidelines. For example, on admissions to hospitals or for home care, if a case meets certain criteria, then the physician can know we won't require a precertification number first. The net result will be administrative simplification for patients, doctors, and hospitals."

BCBSM Corporate Medical Director Thomas L. Simmer, MD, echoes these predictions for a brighter side to the term "managed care" in the new century. "Our emphasis on healthcare management will be in better use of data and information systems," he says. "One of the major lessons of the last five years has been that we can't make genuine progress [in managed care] working in opposition to physicians. We have to work as partners."



Thomas L. Simmer, MD
BCBSM

Blue Cross and Blue Shield and other plans in the state have established goals to work on forming better physician relationships."

Yet the ultimate goal of managed care must be to reduce the cost of care. That will require payers to cut waste — prompting continued debates with healthcare providers over what constitutes waste. "I don't think we'll have nearly the concerns over funding and cutbacks in the healthcare system if we can get rid of waste," comments James Cubbin, executive director of health care for General Motors. "The problem is that about 30 percent of our healthcare funding today is waste." Yet even as



James Cubbin
General Motors

it drives to improve the efficiency of its massive healthcare budget, GM sees co-operation rather than competition as its highway to the future. "It's important that we don't focus on trying to find 'bad' healthcare providers. They're not the problem — the problem is

the systems, and we have to improve them. We don't have bad people doing bad things. We have *good* people trying to do *good* things — but being inhibited by our healthcare system."

Year 2000 mantra: breathe in change, breathe out quality

While it's apparent that the practice of medicine has faced enormous pressure for change over the past decade, these changes are only now beginning to permanently reshape medical practice in Michigan. The old model of independent practice and fee-for-service among physicians is going the way of house calls. But what will its replacement be? A look across the state suggests that physicians will not face limits on their practice options, but instead will enjoy a variety of new choices.



David B. Siegel, MD
BCBSM

"There is an increasing expectation that physicians will be accountable — responsible in a measurable way — for the effectiveness and efficiency of treatment," observes David B. Siegel, MD, senior vice president for healthcare management for BCBSM. "There will be a growing emphasis on quality outcomes and

Continued on p. 30

Executive Prediction 2000: The year 2000 will be the year of "physician relationship development" as strong physician leadership relationships will be the single best predictor of quality in a health plan.

Development of strong relationships with physicians will be pursued by all sectors of the health care community, including Blue Cross Blue Shield of Michigan, health plans, Michigan Department of Community Health, General Motors, Ford and Chrysler, as well as hospitals. Blue Cross will enhance its affiliation relationships with physicians and strengthen its position in the health care market of Michigan. Those organizations which strive to develop and nurture productive and strategic relationships with physicians will be successful over the long haul.

The Medicaid system "trauma" will be recognized as a statewide issue and will be a very high priority of the Michigan Legislature. Congress also will request that HCFA help to assess the financial stability and effectiveness of the Michigan Medicaid program. This review of the Medicaid program will create a "zone of discomfort" within the legislature, Jim Haveman and MDCH, the Governor and all involved in this issue. Additionally, the state of Michigan will join with several organizations to pursue a multi-facet agenda designed to stabilize pharmaceutical expenditures.

Physicians and patients will continue their very powerful alignment on many health care policy issues. There will be continued joint efforts to pass a federal Patient Bill of Rights and federal anti-trust reform. "Physician assisted living" will be enhanced through pain management protocols, hospice referrals and greater knowledge and sensitivity to palliative care.

And finally...the new Tiger Stadium will, in fact, enhance the financial, social, political and mental health of Detroit!

Kevin A. Kelly, Managing Director
Michigan State Medical Society

The idea of physicians joining a union has rapidly grown from a contradiction in terms to a serious alternative for the 21st century.

Medicine 2000

Continued from p. 29

patient satisfaction. Well-informed physicians will continue their own professional education, incorporating methods of quality improvement."

Indeed, some state physicians are continuing their education into the ultimate new frontier of the year 2000 — the Internet. While the role of the practicing physician in the online world is still being sorted out, a number of trend-setting doctors are putting the Internet to work as a way to share information, build their professional presence, and prompt dialogue on

important health care issues. Alex Gandsas, MD, a surgeon formerly affiliated with North Oakland Medical Center in Pontiac, made headlines in 1996 by offering a live surgical webcast on his *laparoscopy.com* website. The site has since grown to become a global forum on



Rhoda M. Powsner, MD

laparoscopic surgery issues.

Rhoda M. Powsner, MD, of Ann Arbor, an MSMS board member and delegate to the AMA, has just launched a unique website that combines her background in both medical and legal issues. *Powsnerpapers.com* features her writings on state and federal healthcare legislation and its impact on the medical profession and society as a whole. Doctor Powsner sees the Web as a vital tool for 21st century physicians. "Physicians are realizing that they have to get up and articulate their views on these issues. Legislators are asked to write rules on complex issues that they don't really understand — there's nobody but the physicians who are in practice or doing research who really know these issues. A website is just one tool for making our voices heard."

This need for continuing education and change among physicians raises the role of the state's medical schools in shaping doctors for the next century. "Greater emphasis on costs has made it difficult to maintain the physician/patient relationship, and that's the foundation of all medicine" notes William Abbett, MD, dean of the Michigan State University College of Human Medicine. "The greater concerns for efficiency and the imposition of third-party payers in determining care are real challenges that our student residents face."

Indeed, these and other pressures are prompting some to question the physician's traditional status as a lone professional altogether. The idea of physicians joining a union has rapidly grown from a contradiction in terms to a serious alternative for the 21st century. Particularly for employed physicians, organizing appears an increasingly attractive option when compared to going it alone against large healthcare institutions. A December 1999 decision by the National Labor Relations Board will add to the numbers in this physician proletariat. The NLRB decreed that more than 90,000 medical residents working in programs at private hospitals are legally "employees," allowing them to organize for representation.

"I'm quite certain that collective bargaining will become an increasingly important way for physicians to assert their rights and the rights of their patients" notes Susan H. Adelman, MD, who heads up the AMA's new Physicians for Responsible Negotiation program. Launched last fall, the PRN will work nationwide to help employed physicians in efforts to organize. Though the PRN has yet to name its staff, "I'm already getting calls from practicing physicians and residents," says Doctor Adelman. She sees organization as a natural step for the next generation of doctors. "Younger physicians are more likely to be employees than older ones, and I think they're more attuned to the idea of collective bargaining." Also, Doctor Adelman notes that Michigan has a history of physician

organization, dating back to a resident's union at the University of Michigan medical school 20 years ago. "I think doctors in this state will find the idea of organizing an obvious one, due to the historic union influence in Michigan."

New technologies, ethics will clash

Two issues will intersect to change medicine in the new century: First is the explosive development of medical science and technology. The second, closely related, is the debate over ethical issues that this new knowledge will prompt. "The medical advances we've made over the past 20 years have been substantial" observes Dean William Abbett, MD, from the MSU College of Human Medicine. "Now we need to move that knowledge into patient care. For example, we've learned a great deal on basic mechanisms through the Human Genome Project. But we have to bring that into the offices of physicians and hospitals."

Yet bringing such knowledge into medical practice will stir up a new set of legal and ethical issues for physicians. "There are many social and legal problems that we'll have to confront when we bring technology like genetic testing into medicine," notes Rhoda M. Powsner, MD. State legislation on genetic testing confidentiality and usage is scheduled for debate early in the new year.



Howard A. Brody, MD

Howard A. Brody, MD, of the MSU medical school, served as an MSMS representative to the recent state commission on genetic privacy, but still sees the legal and ethical issues as daunting. "We produced a report, but the shape of final legislation is still up in the air. On issues like genetic testing, Michigan is still pretty backwards."

Doctor Brody, who serves on the MSMS Committee on Bioethics, sees the fields of medi-

cal technology and ethics clashing in a number of other areas as well. These include the use of advanced directives (living wills), as well as the influence of pharmaceutical giants on drug testing. "There's a whole issue of how the powerful, wealthy pharmaceutical industry is affecting research. They have the power to repress findings that don't support their products. Physicians are used to picking up a journal and assuming the findings are unbiased. Yet there's a recent case of a physician threatened with a lawsuit by a pharmaceutical because some information he developed was unfavorable."

But daily clinical issues will also bring quandaries for physicians in the years ahead. Kimberly A. Brown, MD, medical director of Liver Transplantation with Henry Ford Hospital and a speaker at the 1999 MSMS Annual Scientific Meeting, has a specific interest in the spread of infectious disease, particularly the growing problem of Hepatitis C. "Hepatitis C is the biggest issue ahead. We estimate that there are about four million infected, but only a small percentage have been identified. As that cohort ages, we'll start seeing increasing liver damage and deaths." Doctor Brown urges primary care physicians to become more aware of the spread of Hepatitis C, risk factors, and the need for testing.

Doctor Brown also foresees another clinical issue ahead for physicians that will raise ethics issues. "Long-term care of patients who are HIV infected may be the biggest future issue. We've come full circle on this. We can do a better job of keeping people with HIV healthy, but the cost is becoming tremendous." Also, as HIV patients survive longer with the virus, other health issues that were previously obscured will come to the fore. "We're not paying attention to their long-term problems, such as Hepatitis C, liver, heart and other problems." Expect this to become the next medical chapter in coping with HIV. ■

The author is a freelance writer and regular contributor to Michigan Medicine.

Former MSMS Director Bruce Ambrose was a "Gem of a Man"



Bruce Ambrose served as MSMS executive director from 1984 to 1987.

T rue to his generation, Bruce W. Ambrose left a legacy of openness, honesty, integrity and hard work. The fourth executive director in the history of the Michigan State Medical Society, Mr. Ambrose passed away on New Year's Eve, December 31, 1999, after a courageous bout with cancer. He was 76.

Mr. Ambrose served as MSMS executive director from 1984-87 after previously serving the medical society as deputy director and manager of government relations.

"Bruce Ambrose was an absolute gem of a man to work with," recalls current MSMS Executive Director William E. Madigan, Ambrose's successor. "I have fond memories of how hard he worked for physicians and their causes."

MSMS President Krishna K. Sawhney, MD, corroborates Mr. Madigan's views: "Bruce was a superb executive director. Under his leadership, MSMS made some magnificent strides. We will surely miss him. Most of all he was a gentleman; everyone loved him."

"Integrity, intuition, compassion, good listening skills, intellect, dedication, realism, enthusiasm, creativity, love. These 10 attributes reflect the life and personality of Bruce Ambrose in everything he did and with everyone he met," continues former MSMS Board Chair and AMA Board Member Frank B. Walker, MD, Detroit. "I can think of no one who melded all these good qualities in so many areas of business and family with so much success."

When Ambrose took the reins of the medical society October 1, 1984, succeeding Warren F. Tryloff, he planned visits to every county medical society. "It's been my style of life to be open, and it has succeeded so far," he said then. "I certainly hope that any physician who wants to talk to me will pick up the phone."

In his years with MSMS, members and staff

became accustomed to hearing Ambrose commended by legislators, lobbyists, government healthcare agency staff and government relations directors of other state associations.

"You have one of the best organization representatives in Bruce Ambrose," testified then-state Sen. William Sederburg in summer 1984. "He is among the most honest, helpful and prepared of all the lobbyists we meet."

MSMS Past President Richard J. McMurray, MD, recalls that, "During 1985-86 we were struggling with the medical liability dilemma and trying to get legislative action. Robben Fleming had been appointed by Gov. James Blanchard to serve as the state's medical liability factfinder. Bruce was instrumental in arranging numerous meetings of MSMS leaders and the fact finding team led by Dr. Fleming."

"Integrity, intuition, compassion, good listening skills, intellect, dedication, realist, enthusiasm, creativity, love. These 10 attributes reflect the life and personality of Bruce Ambrose in everything he did and with everyone he met."

—Frank B. Walker, MD
AMA Board Member and
Former MSMS Board Chair

"The medical society's greatest concern should be helping MSMS members to the information and logic they need in a time of great change. If MSMS can make the necessary facts available to its membership, they can make individual and personal decisions to cope with those changes."

—Bruce Ambrose
in 1984 Michigan
Medicine interview
about his new role as
MSMS executive
director

**"Under his leadership, MSMS
made some magnificent
strides."**

—Krishna K. Sawhney
MSMS President

It was during this time that MSMS, under the direction of Bruce Ambrose, organized the highly successful "Lansing Rally" which allowed nearly 11,000 people to take their concerns on medical liability to state lawmakers.

"The success of this rally showed the great organizational skills Bruce had and also showed physicians the capabilities of their organization," says Doctor McMurray.

MSMS Board Chair Kenneth H. Musson, MD, Traverse City, has known Mr. Ambrose since the early 1970s.

"He was a wonderful person to work with—a good manager, great with the legislators, and I learned a lot from him," says Doctor Musson. "The society grew under his leadership, and he contributed a lot to what we have today. I'll personally miss him."

The MSMS budget and staff more than doubled during Mr. Ambrose's service. On his appointment to the top staff position, he and Mr. Madigan pioneered the unique executive director/managing director team approach that endures today.

"Bruce Ambrose was a very effective representative to many constituencies during his leadership tenure at MSMS," says today's Managing Director Kevin A. Kelly. "Bruce was a person of keen thought and perception, integrity, fairness and trustworthiness. Bruce always took the time to develop deep and abiding relationships with his family, friends, colleagues, legislators and governors. He was an example to many through his personal and professional conduct."

Mr. Ambrose played a key role in adoption of the Medical Practice Act and in 1980s efforts to pass medical liability reform statutes, and also established the MSMS *Medigram* newsletter as a weekly publication.

"Over the years I had the privilege of working with Bruce as he rose in the administrative leadership of MSMS, culminating in our relationship for two years when Bruce was execu-

tive director of MSMS and I was chair of the Board," says MSMS Past President Thomas R. Berglund, MD. "Bruce was always prepared,



From left to right: Bruce Ambrose; John J. Coury, MD, MSMS past president and former AMA president; and William E. Madigan, then MSMS managing director, and now executive director.

honest, hard-working, intellectual and a joy to work with. We are saddened by the loss of Bruce but joyous in the fact that we were privileged to share some time and memories with such a unique and wonderful person."

Mr. Ambrose was born April 26, 1923 in Memphis, Michigan, graduated from Carson City High School and Western Michigan University and served with the U.S. Marine Corps on Iwo Jima and Guam. He worked 14 years as a newspaperman in Michigan, New York and Ohio, then 11 years with the Michigan Mental Health Society, before joining the MSMS staff.

He was instrumental in drafting and passage of the 1963 Community Mental Health Services Act of Michigan, served as executive committee chair in 1980-81 of the Mental Health Society and president in 1982-83. He also served on the board of Impressions Five Science Cen-

Continued on p. 35



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"All the years I worked with Bruce he spread wisdom and joy to make our lives easier and more pleasurable."

—Carl A. Gagliardi, MD, MSMS Past President

Bruce Ambrose "Gem of a Man"

Continued from p. 33

ter, Lansing, was a charter member of the Michigan Political History Society and participated in the Michigan State University Men's Colloquy. He was an avid reader, traveled extensively, enjoyed his country home in Okemos and was a devoted Tiger baseball fan.

Bruce's personal impact on those he associated with is illustrated by the recollections of MSMS Past President Carl A. Gagliardi, MD, now of La Plata, Maryland:

"Just before this Christmas, Marge and I saw and bought an amaryllis bulb for our granddaughter to grow. It recalled for us that Betty and Bruce came to our home for dinner one time and brought us the largest amaryllis bulb either of us had ever seen. We got several years of pleasure from the flowers it produced. That

fits my memory of Betty and Bruce. All the years I worked with Bruce, he spread wisdom and joy to make our lives easier and more pleasurable. God bless you, Bruce."

Mr. Ambrose is survived by Betty, his wife of 53 years, by five children—Edwin Ambrose of Detroit; Kathryn (Steven) Miller of Westminster, CO; Jonathon (Anne) Ambrose of Kentwood; Martin (Cynthia) Ambrose, MD, of Dayton, OH, and Carolyn Ambrose of Okemos, and by eight grandchildren and one great-granddaughter.

Donations may be made in Mr. Ambrose's memory to the Impressions Five Science Center, 200 Museum Drive, Lansing, 48933, or to the Michigan State Medical Society Foundation, 120 W. Saginaw Street, East Lansing, 48823. ■

"Bruce was a great help to me [during my tenure as MSMS president], as he knew the organization—its strengths and its policies. He also knew the physicians out in the field—their names and their personalities—and he very diplomatically guided me along the correct pathways."

—Richard J. McMurray, MD
MSMS past president

"He was a wonderful person to work with—a good manager, great with legislators, and I learned a lot from him. The Society grew under his leadership and he contributed a lot to what we have today."

—Kenneth H. Musson, MD, MSMS Board Chair



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NEWSMAKERS

James Faremouth, DO, recently joined Bi-County Community Hospital's medical staff in the department of Family Medicine. He's a graduate of Midwestern University Chicago College of Osteopathic Medicine. Faremouth completed both his internship and residency at Bi-County Community Hospital.

Radiologist **Lewis A. Jones, Jr., MD**, a physician consultant to the Michigan Department of Community Health and longtime women's health advocate in the fight against breast cancer, will have his biography published in the millennium edition of the Marquis Who's Who in the World. He'll be noted alongside world figures such as United Nations officials, scientists and recipients of major international awards.

Tariq N. Kakish, MD, and **Norman J. Kakos, MD**, recently opened a new internal medicine practice in Southfield. Both Kakish and Kakos earned their medical degrees from Wayne State University School of Medicine. They recently completed internal medicine residencies at William Beaumont Hospital in Royal Oak.

Frank J. Koziara II, MD, recently joined the Digestive Health Associates of Northern Michigan following private practice in the Flint area and service on the staffs of Genesys Regional Medical Center, Hurley Medical Center and McLaren Regional Medical Center.

Peter A. Levine, executive director of the Genesee County Medical Society, recently received the Clement A. Alfred Humanitarian Award. Given annually since 1992, the award recognizes healthcare professionals who demonstrate the same dedication to their profession and concern for their community as has Doctor Alfred during his career.

Do you have a colleague who's name you'd like to see listed on Michigan Medicine's Newsmaker page? If so, please contact Editor Claudia Skutar at MSMS at 517-336-5748, cskutar@msms.org or by fax at 517-337-2490.

DISCIPLINARY ACTIONS

The following actions of the Michigan Board of Medicine were taken following investigative and appropriate actions and are reproduced verbatim from summaries prepared by the Michigan Department of Consumer and Industry Services Bureau of Health Services.

Name: Phillipa L. Zylanoff, MD 17311 Beechwood Birmingham, MI 48025

Action/Effective Date: License summarily suspended 10-4-99.

Reason: Probation violation.

OBITUARIES

Bruce Ambrose, former executive director of the Michigan State Medical Society from 1984 to 1987, died on Dec. 31, 1999 following a bout with cancer. He was 76. Please see the article on p. 32 of this issue of *Michigan Medicine*.

Hermann A. Ziel, Jr., MD, Shaftsbury, died Dec. 5, 1999. He was 76. Doctor Ziel was a graduate of the University of Pittsburgh School of Medicine and the University of Michigan School of Public Health. He joined the then-Michigan Department of Public Health in 1963, retiring in 1984 as chief of the Bureau of Health Facilities. He was a member of MSMS and the Ingham County Medical Society.

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FORMS

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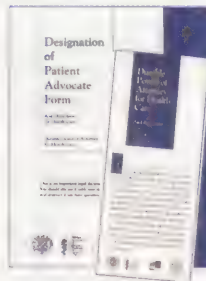


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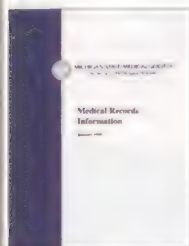
Michigan Osteopathic Association. The form provides a patient with the means to appoint a patient advocate to make health care decisions for them if they become incapacitated. Designation forms and accompanying brochures can be ordered in any quantity. The short patient brochure accompanying each form covers more detailed information about the Durable Power of Attorney for Health Care Law.

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EDUCATION AND RISK MANAGEMENT

Medical Records Information



In response to a recommendation by the Board of Directors and member interest, MSMS has published Medical Records Information, a January 1999 report that provides an overview of legal, ethical, and practice management issues regarding medical records. The MSMS Risk Management Committee has studied issues in need of clarification for physicians and legal counsel. The report is presented in six sections:

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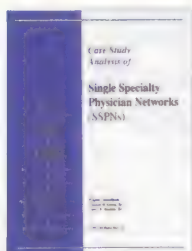
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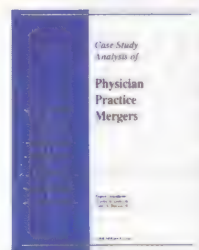
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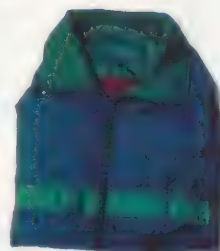
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*Leonard J. Marcus, PhD, Janice B. Wyatt, Barry C. Dorn, Phyllis B. Kritek, Velvet G. Miller

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*Author's Note: Leonard J. Marcus, PhD, of the Harvard School of Public Health, is a speaker for the MSMS Leadership Skills Series.

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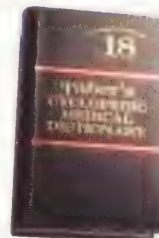
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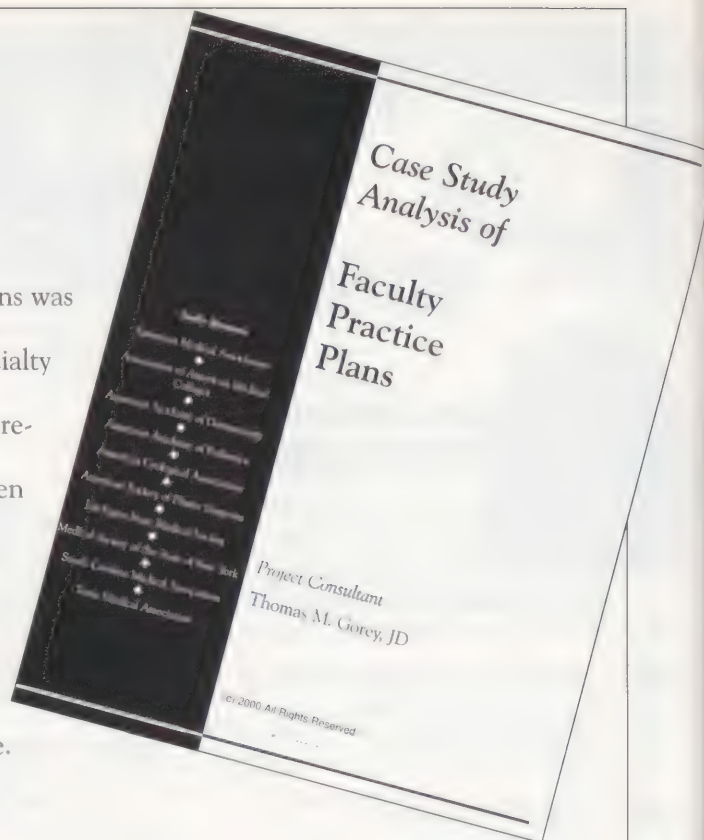


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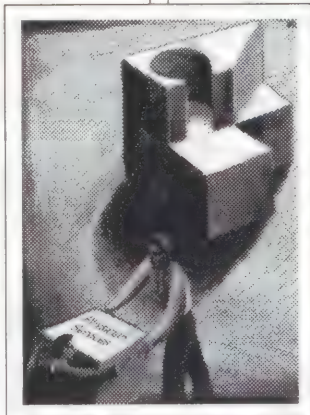
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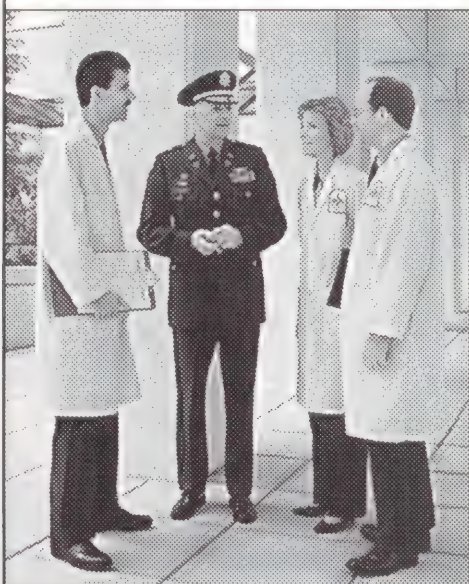
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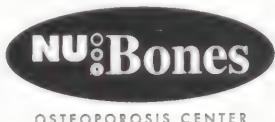
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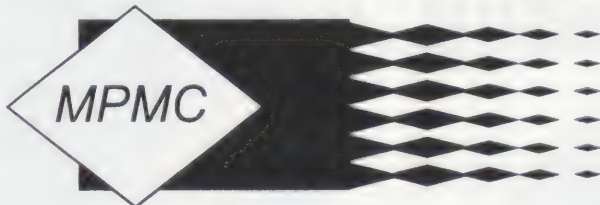
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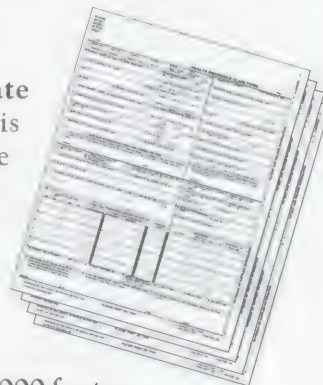


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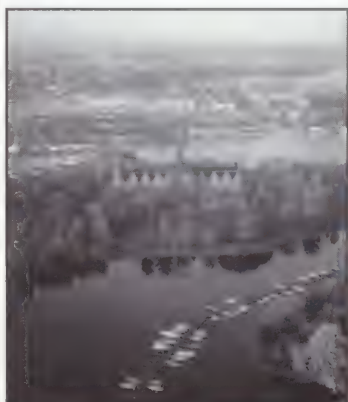
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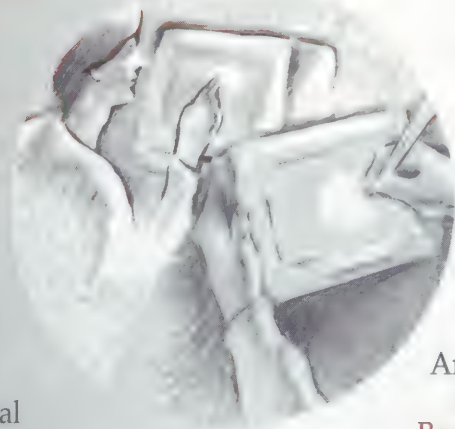
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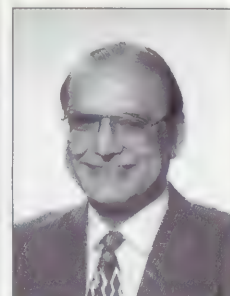
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You Never Give Me Flowers

Krishna K. Sawhney, MD

MSMS President



"Don't hurry, don't worry. You're only here for a short visit. So be sure to stop and smell the flowers."
— Walter Hagen (1892-1969) Professional golfer; 40 PGA wins.

The year 2000 is here. Many of us are torn between continuing business as usual and making some kind of drastic change befitting a new millennium.

As always, people will make resolutions and then disappoint themselves. That's an annual exercise in futility, whose silliness will be magnified several times over this year. Between the two extremes of doing nothing and doing something outlandish, I'd like to suggest a more subtle and practical approach: take the time to realize and cultivate what you already have.

As focused professionals, many of us never see the light of day except driving to and from the hospital or office. Our work ethic encourages us to become workaholics, leaving our wives and children without our company much of the week. Our frenzied work pace hardly allows us time to chat with or recognize the efforts of an office partner or staff member.

Invoking the words of professional golfer Walter Hagen, it's time to stop and smell the flowers. Hagen knew well the personal gratification in the pursuit of excellence and perfection, but he also realized that the world is larger than a little white ball.

As physicians, we are fortunate. We have had the opportunity to become physicians and then to contribute to the well-being of others. We have job satisfaction that surpasses other occupations. It's wonderful to make a diagnosis that will save a child's life. Or to do bypass surgery that will add two decades to a man's life. Our income is in the top two percent in the nation. We can

provide our families with all the best opportunities and creature comforts.

Our resources allow us to donate money to charities, the arts, and foundations. Some of us choose to donate time giving immunizations at schools or providing care at free clinics. Some even go to third world countries through organizations such as Physicians Without Boundaries and spend weeks or months providing medical care.

While our work is satisfying and important, we must take time out from it all to realize *who* is important in our lives — our family and friends. Most physicians, when they think about it, realize they don't spend nearly enough time with their family and friends. When was the last time you sent your spouse flowers for a job done so well each and every day? When was the last time you took an afternoon off to play with your kids or take them on a special outing? When was the last time you sent your practice partner a thank-you card for filling in when you went to a conference? When was the last time you chatted with your partner about any non-medical topic? Do you get together with old friends often enough? Unfortunately, I recently had a friend pass away. It had been much too long since I'd last spoken to him. Much too long.

Don't forget about yourself, of course. Appreciate yourself. You've accomplished much and you work hard every day. Pamper yourself with a massage, new cologne, a full manicure.

Perhaps if we periodically divert our focus away from the little white

ball called medicine, our lives and relationships *and our work* would be more satisfying and enjoyable. I'm certain there would be nothing to lose except a little bit of regret. Though it's difficult to imagine at times, the world is larger than medicine.

To make your transition into 2000 memorable, here's my prescription:

- 1) Make time each day for yourself to think, to smell the flowers.
- 2) Send your spouse flowers randomly and often.
- 3) Spend time with your children, whether they're babies or whether they're grown.
- 4) Host more parties at your home. Invite practice partners, colleagues, and old friends. Talk about your children, art, theatre, books, movies, cars, sports, hobbies, politics, religion, pets, travel, music, restaurants.
- 5) Write thank-you notes to others who make a difference in your professional life.
- 6) Pamper yourself randomly and often.

We can be thankful for what we have. Take time, take inventory. Notice the people in your life and let them know you care. Be sure to stop and smell the flowers. You'll be happier for it. ■

Share Your Thoughts

I would love to hear from you and I encourage my colleagues to express their views. Call me at MSMS at (517) 336-5777, or email a message to ksawhney@msms.org.

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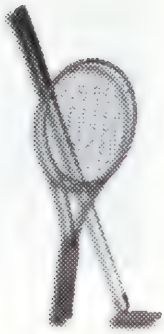
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No-Fault Auto Insurance is Fee-For-Service, Not Managed Care

By Richard D. Weber, JD

MSMS Legal Counsel



Question: I have had a continuing dispute with a major no-fault auto insurance carrier. My patient was involved in a serious auto accident and the no-fault insurer has employed a case manager who has attempted to affect my medical care through treatment plans. Also, the no-fault insurer has not paid my total fees billed, and has refused to pay for preparing a medical report and copying expenses for medical records I have been required to furnish the insurer. Does an automobile insurance company have such dictatorial rights? What rights do I and my patient have? Please explain.

Answer: The Michigan no-fault law is not a managed care system. It is a fee-for-service system, and the no-fault insurer has the statutory requirement to pay "all reasonable charges incurred for reasonably necessary products, services and accommodations for an injured person's care, recovery, or rehabilitation..." The statute does not give the insurance company any authority to apply principles of managed care, to require pre-authorization, to impose any gatekeeper principles or to affect medical care through case managers.

Automobile insurers in Michigan are governed by the no-fault statute, and physicians do not participate by contract with the insurer, as is typical with healthcare plans. Healthcare plans often commit physicians to managed care requirements. Since this is not the case with automobile insurance, no restrictions should be placed by the insurer

on physicians or patients relative to medical treatment.

With respect to reimbursement, the no-fault statute clearly provides that all reasonable medical fees incurred for reasonably necessary services must be paid. The fee must not exceed the amount customarily charged for like services in cases not involving insurance. The problem is that the insurer unilaterally determines what is "reasonable". If the insurer determines that the fee is not reasonable, the physician has no direct claim against the insurer for the additional amount for the reason that there is no contractual relationship between the physician and the insurer. The physician's only recourse is to balance bill and pursue collection against the patient. Although some no-fault insurers have written physicians advising that the physician has no legal right to do so, that advice is incorrect. It is true that a ruling by the insurance

commissioner mandates no-fault insurers to defend and indemnify the insured patient in the event a physician pursues collection against the insured patient. This means that the insurer provides legal counsel and covers the costs to defend any claim, and will pay any amount that is judged against the insured patient. The physician is obviously left in a difficult position of having to pursue litigation against the patient to prove that the fee was reasonable, but the real defendant is the insurance company.

Based upon the statutory mandate, it is equally clear that no-fault insurers must also pay for all reasonable charges for necessary medical reports and copying expenses. Although insurers sometimes refuse to pay such charges, this position is not supported by the no-fault statute.

Failure or refusal to pay a physician as required under the no-fault statute within 30 days after reasonable proof subjects the insurer to an interest penalty and may, in addition, make the insurer liable for attorney fees if such failure or refusal to make timely payment is determined to be unreasonable. Under the no-fault statute, overdue payment bears interest at the rate of 12 percent per annum.

Although physicians have had continuing disputes over medical treatment and reimbursement under the no-fault statute, physicians, patients and carriers should be

Editor's note: If you have legal questions you would like answered by MSMS legal counsel in this column, send them to Claudia Skutar, Michigan Medicine editor, MSMS, 120 W. Saginaw, East Lansing, MI 48823, or at cskutar@msms.org.

ASK OUR LAWYER

reminded that the statutory scheme is a fee for service system and not a managed care system. Therefore, the insurer has no authority to impose managed care requirements on the physician-patient relationship. The insurer's only statutory authority and obligation is to reimburse physicians for all reasonable charges incurred for reasonably necessary services. ■

The author is senior partner at Kerr, Russell, and Weber, Detroit.

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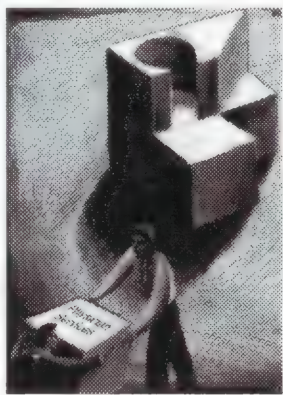
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Yeah or Nay?

This Congressman Supports Doctors and Patients

By Jennifer Higgins

Michigan physicians active in lobbying on healthcare issues in Washington know well the positions of U.S. Representative James A. Barcia, a Democrat from Bay City. Rep. Barcia supports conference committee passage of the House version of the Patients' Bill of Rights; expansion of Medicare coverage to include prescription drugs; review of effects of the 1997 Balanced Budget Agreement on Medicare; and passage of H.R. 2260, the "Pain Relief Promotion Act of 1999."

Patient Rights Get His Vote

Rep. Barcia voted in favor of H.R. 2723, the "Bipartisan Consensus Managed Care Improvement Act of 1999." As this bill moves to conference committee, Rep. Barcia will support a final bill version that contains the important protections present in H.R. 2723. "I believe H.R. 2723 will shift the balance of power toward the rights of patients and improve the quality of health care for Americans. This Patients' Bill of Rights protects patients and ensures that my constituents will have access to quality health care." He feels strongly that physicians, not managed care bureaucrats, should make all important medical decisions.

There are two major differences between the bipartisan bill passed by the House and the bill passed in the Senate, according to the congressman. "The first difference is coverage. The House version covers all Americans with private health insurance. The Senate provisions only apply to 48 million Americans who are in health plans that are regulated only by federal law. The second difference pertains to the right of a patient to sue a health plan. The legislation passed by the House lifts the federal ban on lawsuits for Americans in health plans that fall under federal regulation. The Senate bill

does not provide patients with a right to sue," Rep. Barcia explains.

Seniors Need Drug Coverage

Rep. Barcia believes Medicare must expand to include prescription drug coverage for seniors. "I believe access to and affordability of prescription drugs for seniors is one of the most important issues facing Congress," he says. "Many of the constituents I represent tell me that prescription drugs are their single largest out-of-pocket

healthcare cost, causing them to frequently choose between food and shelter and medicine they need to stay healthy or to treat their illnesses." He further explains that premature hospitalization is inevitable if seniors cannot afford prescription drugs.

There's also the issue of how the 1997 Balanced Budget Agreement on Medicare is affecting patients. While he supports the 1997 Balanced Budget Agreement, Rep. Barcia believes Congress must fairly address unintended consequences such as the drastic cuts in home healthcare providers' Medicare reimbursements. "A provision in the Omnibus Appropriations Bill signed into law late last year brought a small degree of relief to hospitals and home healthcare providers by slowing the reduction in Medicare reimbursement payments," notes Rep. Barcia. "However, the impact of the Balanced Budget Agreement on healthcare providers still jeopardizes their ability to ensure that patients receive the best care."

Of note is the decline in 1999 spending on Medicare, the first such drop in the history of the program. "I think Congress must carefully and responsibly look at this decrease and address the program's long-term stability, perhaps first by appointing a bipartisan task force to

gather more information about this spending decrease," states Rep. Barcia. "I am concerned that the decrease may be a result of the Balanced Budget Agreement of 1997." Since the changes brought about by this law, Medicare spending was reduced by nearly twice the amount anticipated by Congress. "If we reduce Medicare spending by bankrupting healthcare providers or forcing providers to turn away Medicare patients, it only creates more obstacles for patients to get the care they need," adds Rep. Barcia.

Doctors Must Get Legal Protection for Pain Relief

The AMA wrote recently in support of H.R. 2260, the "Pain Relief Promotion Act of 1999," that physicians have been deeply concerned about the recognition that aggressive treatment of pain carries with it the potential for increased risk of death, and the threat of criminal investigation and prosecution for fully legitimate medical decisions. If passed, H.R. 2260 would recognize this "double effect" as a potential consequence of the legitimate and necessary use of controlled substances in pain management and clearly include this as a provision of the Controlled Substance Act.

Rep. Barcia notes the difference between aggressive pain control that might incidentally hasten death and the use of strong pain killers to actually induce death is an important one. "H.R. 2260 is good legislation because it codifies this legal distinction. It does so by ensuring that enforcement of the Controlled Substance Act will distinguish between intentional kill-



Congressman James Barcia, D-Bay City

ing and the unintended hastening of death that may occur as a side effect of aggressive pain control," he says. "This legislation allows patients who are in pain to benefit from the strongest available pain killers while providing legal protection for doctors who aggressively manage pain."

Rep. Barcia was first elected to the U.S. House of Representatives in 1992 and then re-elected in 1998. He serves on the Transportation and Infrastructure Committee, where he is a member of two subcommittees: Surface Transportation, and Water Resources and Environment. He is a member of the Science Committee as well, serving on the Basic Research Subcommittee and as ranking Democratic member of the Technology Subcommittee.

For more information about MSMS federal legislative activities, please contact Kevin A. Kelly at 517-336-5742 or kkelly@msms.org. Or, to contact lawmakers via email, visit www.msms.org. Click on Grassroots Political Action. ■

The author is a Grand Rapids-based freelance writer.

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Jeffrey J. Kimpson, M.D., D.A.A.P.M.

*Assistant Director, Providence Pain Control Center
Medical Director, Acute and Cancer Pain Management*

Riad G. Khoury, M.D.

*Added Qualifications in Pain Management,
American Board of Anesthesiology
Diplomate, American Academy of Pain Management*

John H. Traylor, M.D.

*Added Qualifications in Pain Management,
American Board of Anesthesiology*

Jeffrey J. Kirouac, M.D.

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Patients suffer when the Medicaid program doesn't work

Physicians, hospitals
urge the legislature to
fix Medicaid's worst
crisis since the
program's inception

By Gregory Brusstar

Michigan's Medicaid program is a trauma patient in need of aggressive treatment.

Chronic program underfunding, which has regressed to crisis-level payment shortfalls, is seriously jeopardizing health care for low-income and disabled citizens.

Medicaid patients in many areas of the state must travel

"I've always taken Medicaid and they've never paid much, but when it was billed electronically and paid in a timely way, that was okay. I thought of it as a social responsibility and it was easy to deal with. Now, everything's more difficult."

—Peggyann Nowak, MD, Oakland County otolaryngologist and MSMS Board member.

Medicaid in Crisis

Continued from p. 17

significant distances to find a primary care physician. Physicians, who have a strong moral obligation to treat the poor, can no longer afford to do so. Payments are so low, the barest costs of care aren't covered. Patients who need hospitalization are stabilized and transferred to distant hospitals with charitable missions. Physicians and hospitals are suffering huge financial losses from the Medicaid program, bringing medical practices and hospitals to the brink of ruin. Recently, one hospital was pushed over the brink. Mercy Hospital on Detroit's East side closed a few months ago due to inadequate Medicaid payments.

"What a sad scenario," says Krishna K. Sawhney, MD, president of the Michigan State Medical Society and a general surgeon at Henry Ford Hospital, Taylor. "Physicians have reduced the number of Medicaid patients they accept because they can't afford to provide care. That's detrimental to the health of the patients."

Doctor Sawhney adds that the logistical problems of finding a primary care physician have some hospital emergency rooms bursting at the seams with Medicaid patients.

"When patients need care, their only option in many areas of the state is the hospital emergency room, which is a more costly setting," Doctor Sawhney explains. "With this added burden to provide primary care to Medicaid patients, hospitals spiral further into deficit. Everyone is frustrated."

The Detroit Medical Center (DMC) is beyond frustration.

"The Medicaid situation is much worse than it ever has been," says Hassan Amirikia, MD, an Ob/Gyn and president of the DMC medical staff. "We're at rock bottom now. It jeopardizes our existence and our teaching program. It's very difficult. We have a huge deficit."

DMC treats more Medicaid patients than any other hospital system in the state. About

75 percent of the patients treated there are on Medicaid.

Doctor Amirikia says DMC is seeing an increased number of patients transferred from suburban hospitals due to inadequate reimbursement rates. "Many hospitals are stabilizing Medicaid patients and then sending them downtown," says Doctor Amirikia. "And still the state doesn't pay much attention to the issue. In spite of the state budget surplus, the Medicaid program is horribly inadequate."

Reading The Signs

Indeed, inadequate Medicaid reimbursement is taking a toll. Every physician who treats Medicaid patients has a frustrating story to tell. Here are some examples of what is happening:

- In Cadillac, where 30 percent of the population is on Medicaid, 26 of 28 primary care physicians have been forced out of the program.

- Mercy Hospital on Detroit's East side recently closed due, in large part, to inadequate Medicaid payments.

- Most of the major health plans have stopped enrolling Medicaid patients (one of the exceptions being HealthPlus of Michigan) due to financial losses. This leaves many inexperienced and cash-crunched qualified health plans to administer the bulk of the program.

- Many physician practices report payments as late as six months and sometimes a year. The typical contract requires a 60-day turnaround. At a recent legislative hearing, several physicians testified they were owed hundreds of thousands of dollars in arrears more than 90 days.

- In St. Clair County, only half of the primary care physicians and very few specialists participate in the Medicaid program, according to Daniel J. Wilhelm, MD, a Port Huron pediatrician.

- An Oakland County hospital transfers Medicaid patients to Children's Hospital in Detroit for certain types of specialty care that it used to provide.

• Many physicians report they are treating Medicaid patients for free now because the staff time and cost of billing for the service outweighs the meager reimbursement.

The Solution Becomes a Problem

In 1997, state officials decided to convert the Medicaid program administration from a fee-for-service basis to managed care. The projected benefits to Medicaid patients were to be improved preventive care and better coordination of care. The projected savings were to come from managing care, monitoring alleged over-billing, and stopping fraud. The state's position was that the program didn't lack money, it simply lacked efficiency and oversight.

Twelve businesses won Medicaid contracts across the state. Some were start-up companies created specifically to administer Medicaid. Others were established health plans. Within a year of implementation, most of these state-qualified health plans were losing money. Part of the reason was low-ball bidding for contracts. Many of the established health plans decided to stop enrolling Medicaid patients or to downsize that portion of business to minimize losses. But the start-up companies, created for Medicaid administration only, stayed in the business and got further and further behind in provider payments. Expected savings through managed care hadn't materialized, and many qualified health plans were suffering cash shortages. Providers became alarmed at the unprecedented delinquency in payments.

There were other administrative problems, too. Physicians and hospitals were not only concerned about late payments, but about unreasonable pre-authorization procedures, unfair claims denials, and a return to burdensome, outmoded paper claims.

In addition, providers were miffed that inept qualified health plans were soaking up precious Medicaid dollars for administrative costs, further reducing the meager pot for provider

reimbursement. Physicians pointed fingers at the qualified health plans as the cause of the problems. Physicians went over the plans to state officials, and the state pointed back at the plans, that had, they said, after all, bid for the Medicaid business fairly and squarely.

The plans then responded that the state expected unrealistic savings and unfairly blamed the plans for large payment shortfalls, which were the state's responsibility, they said. As far as the qualified health plans were concerned, they were the messengers, and they were being shot at from all sides. No amount of administrative wizardry, the plans said, could make up for the cash shortfalls they were experiencing.

The solution, they cried, was purely and simply to increase Medicaid program funding. Administrative glitches aside, this is one of the few points upon which providers and qualified health plans agreed upon wholeheartedly.

Pounding the Point Home

Physicians and hospital administrators have been pounding this point home to their legislators. This month as budget discussions continue in the legislature, physicians are urging their

Continued on p. 20

A two-tiered system

The chronic underfunding of Medicaid has created a two-tiered healthcare system that slights the poor, a situation that the Medicaid program was created to prevent, according to Cecil R. Jonas, MD, former chair of the Ob/Gyn department at the recently-closed Mercy Hospital in Detroit and an MSMS Board member. "We're creating a two-tiered system, there's no question about it," Doctor Jonas says. "Physicians can no longer afford to treat patients they've treated for a long time. And they're placed in a position of explaining to patients that a rather cold bureaucracy is limiting their ability to see them. These problems can be avoided if the state recognizes its responsibility and funds the Medicaid program adequately. If it doesn't, Mercy is only the first in a series of hospital collapses that we'll see happen."

Medicaid in Crisis

Continued from p. 19

lawmakers to take action to revive the program, to increase physician payment rates, and restore it to some semblance of health. Granted, the program always has been marginally funded — neither physicians nor hospitals ever have been able to recover more than their costs. But it had been functional and tolerable just a few years ago.

"I've always taken Medicaid and they've never paid much, but when it was billed electronically and paid in a timely way, that was OK," says Peggyann Nowak, MD, an Oakland County otolaryngologist and MSMS board member. "I thought of it as a social responsibility and it was easy to deal with. Now, everything's more difficult. You have to call for preauthorization, payment is denied half the time, and you often have to rebill."

A northern Michigan practice calculated its

practice income losses at about \$200,000 due to Medicaid's change to managed care. The loss was a combination of reduced payments under capitation and additional staff time for increased claims administration.

Medical practice reimbursement decreases due to the implementation of Medicaid managed care became the rule rather than the exception.

"Before managed care, our practice wrote off about \$400,000 a year in Medicaid business," says Doctor Wilhelm from Port Huron. "In 1999, we're definitely losing more than that."

Clearly, the first round of contracts with qualified health plans wasn't working, for the most part. Physicians and hospitals questioned whether the problems with Medicaid managed care could be fixed at all. But the Michigan Department of Community Health and the legislature were unwilling to throw the baby out with the bath water. From their point of view, managed care still held the distant promise of coordinated, efficient, complete health care for Medicaid patients.

What can Physicians Do?

MSMS encourages physicians to continue grassroots efforts to contact elected officials about increasing Medicaid funding, specifically physician payment rates. It's especially important that physicians continue the effort this month while budgetary hearings are underway.

"Physicians should keep pressure on legislators by contacting them and letting them know how severely inadequate Medicaid funding is affecting their communities," MSMS President Krishna K. Sawhney says. "Proper funding will restore access and quality to the Medicaid program. We must convince our elected officials that the state must live up to its responsibility to fund Medicaid properly or all of us — patients, physicians, hospitals, and citizens — will suffer the dire consequences." See www.msms.org and click on Grassroots Political Action for contact information.

The State's Obligation

While the Medicaid program withers, what is the state's obligation in keeping it viable? Plenty, according to the Michigan State Medical Society (MSMS).

Since the Medicaid program receives some federal funding, it must abide by federal rules under the Social Security Act 1902 (a) (37). This portion of the act says that each state is responsible for assuring that Medicaid recipients have access to quality medical care. States also are required to adopt reimbursement methods and procedures that: 1) assure provider reimbursement is consistent with efficiency, economy, and quality of care; and 2) are sufficient to enlist enough providers so that Medicaid recipients have at least the same access to healthcare services as the insured population.

Physicians contend the state isn't living up

to its obligation and intend to press the matter further. Last fall, MSMS initiated a Freedom of Information Act (FOIA) request to get detailed information that will determine whether or not the state is practicing due diligence in meeting these federal requirements. Although MSMS has not filed any legal action, documents received from the state are under review by the society.

"It comes down to this," said Colin Ford, chief of State Government Affairs at MSMS. "Medicaid has an obligation to cover low-income people. And physicians have a moral obligation to treat them. But is Medicaid being fair by saying we'll deliberately underfund the program, knowing that many physicians will treat the patients anyway?"

Of course it's not fair, but that's exactly what's been happening for years, physicians say. Medicaid funding is the state's obligation. Physicians are pushing state officials to recognize this responsibility by increasing overall Medicaid program funding and physician rates.

"Many of us don't have the option of not seeing Medicaid patients," says Cecil R. Jonas, MD, former chair of the Ob/Gyn department at the recently-closed Mercy Hospital in Detroit and an MSMS Board member. "And all of us can't continue to subsidize care to a large number of patients. Medicaid operates under a federal mandate to provide access, quality, and reasonable payment. That isn't happening."

On Feb. 2, many physicians and hospital administrators met face-to-face with their legislators to discuss increasing Medicaid payments to the program. Dubbed Medicaid Access Day (MAD) and organized by MSMS, the event helped raise awareness of the problems that physicians and patients face every day.

"The legislators and the public don't hear about our daily struggles," says MSMS President Doctor Sawhney. "A physician doesn't send out a press release when he quits participating in the Medicaid program. But we want every-

one to realize that the problem is real. It affects everyone."

What Is Being Done?

First, physicians and hospitals are pressing legislators to increase Medicaid program funding. "It's obvious to everyone now that we're at a crisis point," says MSMS President Doctor Sawhney. "Now it's time for Michigan to commit more resources to Medicaid."

Second, MSMS is optimistic that legislative hearings held last fall already have been formulated into recommendations intended to improve the operation of qualified health plans. The hearings, which focused on provider problems with qualified health plans, resulted in six major recommendations from Sen. Joel Gougeon (R-Bay City), who chairs the Senate Appropriations Subcommittee on Community Health. The recommendations are the following:

1. To require a standardized, electronic claims processing system.
2. To require state sharing in the risk of prescription medication costs.
3. To require state sharing in the risk of high medical cost cases.
4. To determine a risk adjustment factor for aged, blind, and disabled persons.
5. To require higher standards of qualified health plan eligibility as contracts expire.
6. To presume Medicaid enrollment for six months after an enrollee is eligible.

Perhaps one of the most important recommendations is #5 above, which will require higher standards of eligibility as contracts are re-bid this year. The recommendations call for qualified health plans to be licensed as an HMO, to meet reserve requirements to ensure cash flow, and to be capable of electronic claims processing. ■

The author is an Okemos-based freelance writer.

"Medicaid operates under a federal mandate to provide access, quality, and reasonable payment. That isn't happening."

—Cecil R. Jonas, MD, former chair of the Ob/Gyn department at the recently-closed Mercy Hospital in Detroit and an MSMS Board member

We Must Look Closely at Responsibilities Before Returning Any Budget Surplus

By State Rep. Michael Hanley
Democratic Leader, Michigan House of Representatives

With the nation enjoying a flush economy, many states are also experiencing an infrequent but pleasant occurrence: a budget surplus. Spend it, save it, refund it, or some combination thereof—it's a good time to be a legislator with ideas. We listen to economists, fiscal analysts and other experts argue over how much the surplus actually is, and various interest groups make their pitches. Eventually, the balance sheets are set aside and the policy-making process makes the decision, as it should. In Michigan, however, there is a disturbing trend of politics trumping good public policy, and the current debate over the surplus is an excellent case in point.

The definition of a surplus is simple: the collecting entity (the state, in this instance) takes in more than it spends in a given period of time. But I would argue that in Michigan, this is an oversimplification. Our coffers are supposedly overflowing to the tune of at least \$400 million. I am not convinced that the best use of this surplus is an income tax refund that will amount on average to less than a dollar per week per person. Rather, I think the first priority should be paying our bills and, more specifically, addressing the structural deficit in our healthcare sector.

Bearing the Brunt

I recently met with some members of the healthcare industry, and their concerns are alarming. We simply are not taking care of each other. We are underfunding our state medical programs and leaving doctors, hospitals and nursing homes to bear the brunt of that underfunding. If we cannot provide more financial support, services such as those provided to nearly three million men, women and children by hospital-subsidized specialty clinics in 1998 cannot continue to exist.

A local hospital in Lansing is being forced to drastically cut back its Nurseline telephone assistance program. Nurseline has resolved the

medical concerns of hundreds of people without them having to rush to the emergency room, the most likely alternative. Some facilities that have closed such 24-hour help services now direct callers to dial 911. This will only drive costs up.

Facing a \$1 million loss in 1999, several family practice and internal medicine clinics in my hometown of Saginaw may have to close their doors to the 15 percent of the county's Medicaid population they serve. While Michigan and the nation are experiencing record lows in unemployment, last year nearly 8,000 hospital employees were laid off. It sure wasn't because demand for healthcare services had decreased.

For instance, Michigan's nursing homes experience a tremendous turnover in staff because many do not have the money to pay a liveable wage and provide benefits to their employees. In 1996, nursing homes saw a 75 percent turnover in aides, a 43 percent turnover in registered nurses, and a 36 percent turnover in licensed practical nurses. During that same year, county medical care facilities, which receive higher state reimbursements and can therefore provide competitive wages and benefits, saw lessor turnovers of 35 percent, 25 percent and 34 percent, respectively. Paying caregivers a fair wage would decrease turnover, which would increase the quality of care for our most fragile citizens. The current situation adversely affects



Rep. Michael Hanley

the emotional health of these seniors, which has a direct impact on their physical health.

Psychiatric Care

Like many other states, Michigan is faced with the dilemma of youth violence. Many of the children who end up in the juvenile justice system never would have reached that point if we were providing, among other things, adequate juvenile mental health services. In a state with a population of nine million, our government operates only one inpatient psychiatric center for children, and it has just 118 beds. In the past five years, three such facilities have closed. This is abominable, and we should all be ashamed, particularly since we are about to open a 418-bed prison for youthful offenders. We need to establish better and earlier mental health care for potential youthful offenders instead of locking up delinquents after they have harmed innocent victims.

Unfortunately, this "penny wise, pound foolish" mentality with regard to preventive care is reflected in Gov. Engler's proposed budget for next year. The Department of Community Health budget for next year is essentially the same as this year's, so when the inflationary costs of healthcare are figured in, it is really a cut. Contrast this with the Department of Corrections budget, which is scheduled for an increase of more than eight percent, and the point is clear.

Growing Uninsured

In a time during which our state's jobless rate is at this incredibly low level, it is hard to believe that nearly one million Michigan residents are without health insurance. What's worse, that number is increasing despite the healthy economy. The cost to provide coverage to at least a portion of that population is minimal compared to the cost of the intensive and critical attention many of them will eventually need because they do not seek preventive care and

must utilize a hospital's emergency room instead of a doctor's office when they are ill. Addressing this crisis is surely more important to Michigan's longterm success than a tax cut of less than a dollar a day!

Michigan's seniors continue to struggle with the escalating costs of prescription drugs, and although a statewide buy-in insurance program is scheduled to be implemented next year, the needs of thousands who cannot meet even those payments will remain unattended. The "surplus" could go a long way toward alleviating the cost of prescription drugs to senior citizens. As part of our fiscal year 2000 budget, this new program, called Elderly Prescription Insurance Coverage, will be established, but because it is still in the creation stage, the cost to seniors is unknown. A proposal to cut state income taxes, from which most Michigan seniors are already exempt, would do nothing to deal with this growing problem and will hamstring future legislatures.

Returning a surplus into the hands of those who paid it is a great thing to do. But if that is the action to be taken, the surplus must truly be that, a surplus: extra money that is left after all bills and obligations are met. And what Michigan has right now is not a surplus, but an unmet commitment to its citizens. As the leader of the House Democratic Caucus, I intend to fight for the fulfillment of that responsibility.

APRIL 2000

7 April, Friday

Michigan Society of Respiratory Care House meeting

MSMS Headquarters, East Lansing
9 a.m.-4 p.m.

Staff: Liz Foster

Phone: 517-336-5787

Email: efoster@msms.org

12 April, Wednesday

MSMS Liaison Committee with Third Party Payers

MSMS Headquarters, East Lansing
2-4:30 p.m.

Staff: Jennifer Grennell

Phone: 517-336-5722

Email: jgrennell@msms.org

19 April, Wednesday

MSMS/MICOA

Making the Rounds Program

Lee Memorial Hospital, Dowagiac
Entire day

Staff: Tom Plasman

Phone: 517-324-6958

Email: tplasman@micoa.com

19 April, Wednesday

MSMS Planning Committee for MSMS Annual Scientific Meeting

Ritz Carlton, Dearborn
2-4 p.m.

Staff: Brenda Marenich

Phone: 517-336-7580

Email: bmarenich@msms.org

28 April, Friday

MSMS Board of Directors meeting

Amway Grand Plaza, Grand Rapids

Staff: William E. Madigan

Contact: Jennifer Bates

Phone: 517-336-5735

Email: jbates@msms.org

28-30 April, Friday-Sunday

MSMS House of Delegates

Amway Grand Plaza, Grand Rapids

Staff: William E. Madigan

Contact: Jennifer Bates

Phone: 517-336-5735

Email: jbates@msms.org

30 April, Sunday

MSMS Board of Directors meeting

Amway Grand Plaza, Grand Rapids

Staff: William E. Madigan

Contact: Irene Frost

Phone: 517-336-5734

Email: ifrost@msms.org

MAY 2000

3 May, Wednesday

MSMS Planning Committee for MSMS Annual Scientific Meeting

Washtenaw County Medical Society, Ann Arbor
3-5 p.m.

Staff: Brenda Marenich

Phone: 517-336-7580

Email: bmarenich@msms.org

17 May, Wednesday

MSMS Advisory Committee on Medical Economics

MSMS Headquarters, East Lansing
3-5 p.m.

Staff: Julie Lester

Phone: 517-336-5768

Email: jlester@msms.org

17 May, Wednesday

MSMS Capitol Check-Up

Radisson Hotel, Lansing (with lunch on State Capitol lawn)
8 a.m.-4 p.m.

Staff: Matt Hedberg

Phone: 517-336-5739

Email: mhedberg@msms.org

22 May, Monday

MSMS Foundation Golf/Tennis Classic

Country Club of Lansing

Staff: Julia Ahmed

Phone: 517-336-5728

Email: jahmed@msms.org

JUNE 2000

1 June, Thursday

MSMS CME Accreditation Subcommittee Meeting

MSMS Headquarters, East Lansing
Noon-1:30 p.m.

Staff: Sarah Cressman

Phone: 517-336-5727

Email: scressman@msms.org

1 June, Thursday

MSMS CME Accreditation Committee Meeting

MSMS Headquarters, East Lansing
1:30-4:30 p.m.

Staff: Sarah Cressman

Phone: 517-336-5727

Email: scressman@msms.org

2 June, Friday

Michigan Society of Respiratory Care House Meeting

MSMS Headquarters, East Lansing

Continued on p.28

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—Edgar P. Balcueva, MD
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New MSMS Reimbursement Service Assists in Meeting Today's Stringent Payer Guidelines

By Gregory Brusstar

MSMS recently created a new consulting service to help physicians and staff stay abreast of complex reimbursement guidelines.

The new service, called Physician Reimbursement Resources (PRR), provides a full range of individualized services for medical offices. It was developed in response to physician requests for high quality reimbursement consulting services.

"Getting up to speed on exacting reimbursement standards is a challenge in nearly every medical office," said Appa Rao Mukkamala, MD, president, Physician Service Group. "With the combination of increasing scrutiny and decreasing payments by third-party payers, building a solid reimbursement process is more important than ever."

Without having a good handle on the reimbursement process, a medical office could face consequences or penalties. "With the new service, our seasoned consultants provide one-on-one education to coding and billing staff," PRR manager Kim Crawford said. "This gives office staff the knowledge and confidence that they're doing their job thoroughly and correctly."

The individualized education provided by PRR is practical and effective, according to Kathy Garnett, Saginaw Valley Neurosurgery's office manager. "When we send our staff to seminars put on by Medicare or the Blues, it's good information, but it's difficult and intimidating to ask questions in large groups," said Ms. Garnett. "By using MSMS's on-site reimbursement consulting service, all of our questions are answered right away while our staff members are sitting at their own computers. In many ways, it's a better value than a conference."

Reimbursement services provided by PRR include:

Coding and Documentation Audit. This is an evaluation of coding and documentation procedures. In the assessment, audit findings are reviewed to ensure proper code selection.

Corporate Compliance. With this service, PRR reviews compliance plan documents and provides an initial risk assessment. The focus is on identifying and preventing potential violations.

On-Site Training for Coding and Billing Staff. Specialized training and education is provided to office staff involved in coding and billing. The program is provided in the comfort and convenience of the staff's own work environment. This is an interactive learning environment in which staff immediately applies what they learn.

Overall Reimbursement Assessment. This service analyzes all phases of the reimbursement process from patient intake to claim submission. Each staff person's role in the process also is analyzed. Recommendations are then made on ways to improve the process for accuracy and efficiency.

General Consulting Services. Other specialized services available through PRR include the following:

- Dollars-billed versus dollars-collected analysis.
- Collection procedures analysis.
- Annual audit updates.
- Specialized, advanced on-site training.
- Custom consulting.

As an MSMS member service subsidiary, PRR is supported by the solid reputation and longstanding success of many other services.

"When I need a consultant for my practice, I can trust MSMS because their focus is on serving physicians," said Lansing dermatologist Mitchell A. Rinek, MD. "I know I'll get practical advice that will get the job done for me. PRR is a valuable addition to MSMS's array of

services."

For more information about PRR, please contact Kim Crawford at (517) 336-5773 or send an email message to kcrawford@msms.org. ■

The author is an Okemos-based freelance writer.

On-site with PRR

Saginaw Valley Neurosurgery says PRR provides skills, boosts confidence to tackle payment issues

When office manager Kathy Garnett decided it was time to update the skills of the coders and billers at Saginaw Valley Neurosurgery, she called MSMS.

Six of the 20 staff members of this three-physician group are reimbursement specialists. MSMS's Physician Reimbursement Resources (PRR) was called in to refresh the staff on the finer points of reimbursement.

Comprehensive training. "The training that PRR provided was definitely good for our staff," said Kathy Garnett. "They started from the basics and worked their way to the top. And the instructor was wonderful."

Effective program. "It made the staff keener, more alert to the issues," Ms. Garnett said. "It gives the staff confidence in their coding so that they're not wondering if they're doing it accurately. That's important because no one wants to be audited."

Individual attention. "When we send our staff to seminars put on by Medicare or the Blues, it's good information, but it's difficult and intimidating to ask questions in large groups," Ms. Garnett said. "By using MSMS' on-site reimbursement consulting service, all of our questions are answered right away while our staff members are sitting at their own computers."

Good value. "Our group has paid a lot for outside seminars, and often they don't come away from those with enough useable information," Ms. Garnett said. "In many ways, PRR is a better value than a conference. I think it's great that office staff members have a course like this available to them."

Physician friendly. "We've used other MSMS consulting services, and we've been very pleased," Ms. Garnett said. "That's why we called them. MSMS is there to help us."

Continued from p. 24

9 a.m.-4 p.m.

Staff: Liz Foster

Phone: 517-336-7587

Email: efoster@msms.org

7 June, Wednesday

**MSMS Planning Committee for
MSMS Annual Scientific Meeting**

MSMS Headquarters, East Lansing
2-7 p.m.

Staff: Brenda Marenich

Phone: 517-336-7580

Email: bmarenich@msms.org

11-15 June, Sunday-Wednesday

**AMA Annual Meeting
of the House of Delegates**

Chicago, Illinois

Staff: Julie Lester

Phone: 517-336-5768

Email: jlester@msms.org

14 June, Wednesday

**MSMS CME Programming
Committee Meeting**

MSMS Headquarters, East Lansing
3:30-5 p.m. Meeting

5-7:30 p.m. Reception & Dinner

Staff: Sarah Cressman

Phone: 517-336-5727

Email: scressman@msms.org

JULY 2000

12 July, Wednesday

**Michigan Society of Respiratory
Care—Pulmonary Rehabilitation
& Diagnostics Meeting**

MSMS Headquarters, East Lansing
10 a.m.-4 p.m.

Staff: Liz Foster

Phone: 517-336-7587

20-23 July, Thursday-Sunday

**MSMS Board of Directors Mid-
summer Meeting**

Grand Hotel, Mackinac Island

Staff: William E. Madigan

Contact: Irene Frost

Phone: 517-336-5734

Email: ifrost@msms.org

AUGUST 2000

4 August, Friday

**Michigan Society of Respiratory
Care House Meeting**

MSMS Headquarters, East Lansing
9 a.m.-4 p.m.

Staff: Liz Foster

Phone: 517-336-7587

Email: efoster@msms.org

4-6 August, Friday-Sunday

**Soaring into the Millennium Con-
ference**

Ashman Court Hotel, Midland

Staff: Sarah Cressman

Phone: 517-336-5727

Email: scressman@msms.org

SEPTEMBER 2000

7 September, Thursday

**MSMS CME Accreditation
Committee Meeting**

MSMS Headquarters, East Lansing
1:30-4:30 p.m.

Staff: Sarah Cressman

Phone: 517-336-5727

Email: scressman@msms.org

8 September, Friday

MSMS/MICOA

Making the Rounds Program

West Branch Regional Medical Cen-
ter, West Branch

All day

Staff: Tom Plasman

Phone: 517-324-6958

Email: tplasman@micoa.com

13 September, Wednesday

**MSMS CME Programming
Committee Meeting**

MSMS Headquarters, East Lansing
3-5:30 p.m.

Staff: Sarah Cressman

Phone: 517-336-5727

Email: scressman@msms.org

20 September, Wednesday

MSMS Board of Directors Meeting
MSMS Headquarters, East Lansing

10 a.m.-4 p.m.

Staff: William E. Madigan

Contact: Irene Frost

Phone: 517-336-5734

Email: ifrost@msms.org

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New For Your Eyes Only

Doctor, have you visited the MSMS web site lately? With the new millennium finally here, this is a good time to explore the new features and services that have been added to our society's web site. Here's a look at what's available now and what's coming:

Special Bulletins and Announcements

When you type <http://www.msms.org> into your web browser, you're greeted with the latest news from MSMS. Is there a new service we're offering? What are the headlines from the latest *Medigram*? You'll know right away.

Another electronic service that is meant to keep members informed is the MSMS *News* email message that's sent every Friday. The MSMS *News* is a digest of important information such as upcoming events and *Medigram* headlines.

Highlights for Members Only:

1. MSMS Policy Manual — searchable by keyword
2. House Actions on Resolutions — searchable by County and Resolution number
3. 1999 Evaluation of Michigan Health Plans
4. Medical Record Keeping Guidelines
5. Report: Terminating a Physician-Patient Relationship
6. Report: New Rules Authorizing Physicians to Delegate the Prescribing of Controlled Substances
7. Congressional Update
8. MD Data Survey Results
9. DPA Order Form
10. HCFA Order Form
11. Travel Opportunities

Online Publications

Michigan *Medicine* and *Medigram* can be accessed from our MSMS News Stand, located at <http://www.msms.org/news-stand>. This page pulls together all of the headlines and information that might interest our members.

Privileged information

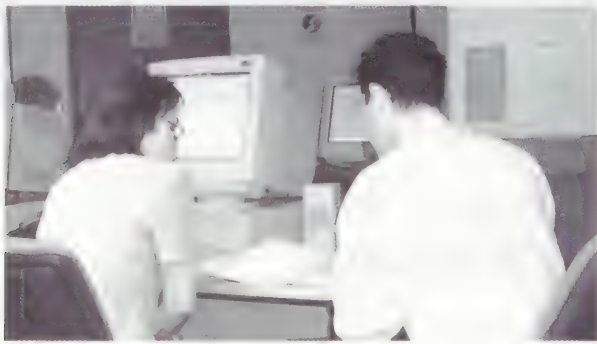
You are now be able to go into the "Members Only" section and customize the page to display only the information you are interested in. Do you want the latest information on the classes being offered through the MSMS Office of Physician Education and Leadership? My MSMS will display a list. Do you want the latest news from MSMS? It's there. While the general public and nonmembers flip through page after page of the web site, you'll be able to go to one place to find all of the information you need. Just go to <http://www.msms.org>, and click "Members Only" where you'll be directed to that section. You'll also be able to customize your page. See the sidebar at left for specific materials available to members only on "My MSMSNET."

Political Action

MSMS continues to post news of political issues and initiatives on its website. Whether it deals with timely payment, Medicare, or prescribing rules, there are pages of information available on our website. If you go to <http://www.msms.org/political>, you will learn more about our political initiatives.

To receive email blast messages or alerts whenever parts of the MSMS web site are updated, send an email message to msms@msms.org.

If you have comments or questions about the MSMS web site, contact Jon Morgan at MSMS at jmorgan@msms.org or 517-336-5764.



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The MSMS Committee on CME Programming, an organization accredited by the MSMS Committee on CME Accreditation, designates this activity meets the criteria for a maximum of 2 hours of Category 1 Credit toward the requirements for Michigan relicensure and of the Physician Recognition Award of the AMA, provided it is completed as designed.

"Introduction" First two hours, "Advanced" Second Two Hours

Dates/Locations (circle one)

Wed., March 8 th	1-5pm	Jackson
Thur., March 16 th	1-5pm	Ann Arbor
Thur., March 23 rd	1-5pm	Port Huron
Wed., March 29 th	1-5pm	Flint
Thur., April 6 th	1-5pm	Midland
Wed., April 12 th	1-5pm	Alpena
Thur., April 20 th	1-5pm	Cheboygan
Wed., April 26 th	1-5pm	Traverse City
Thur., May 4 th	1-5pm	Muskegon
Wed., May 10 th	1-5pm	Kalamazoo

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For More Information or Questions:

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 Phone: 517-336-7594
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Presentations are available on a variety of topics including:

- Universal precautions and infection control guidelines
- Prevention and education of HIV/AIDS
- Psycho-Social Issues
- Legal aspects of HIV/AIDS
- Pediatric AIDS
- HIV/AIDS in Women

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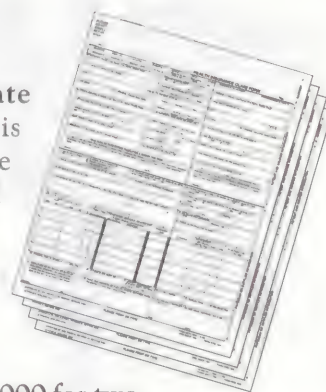
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HCFA 1500 Forms Available



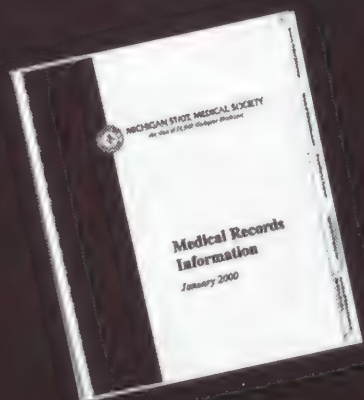
The Michigan State Medical Society is pleased to announce a product offered through its subsidiary Abbott Press, the **HCFA 1500 Forms**.

These forms are available at \$39.88/1000 for two-part carbonless, or \$14.97/1000 for one-part forms, plus tax and shipping.



To order, please call Heidi Van Ostran
at 800-487-6544 or fax to 517-336-5797.

Medical Records Information



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Phone 517-337-1351 for information

Medical Records Information January 2000 Edition

This revised copy of Medical Records Information offers a brand new section on Medical Record Requirements, including highlights on:

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Would you like to place an ad? The rate for classified advertising in *Michigan Medicine* is \$1.00 per word, with a minimum charge of \$50.00. Copy for classified advertisements should be received no later than the first of the month proceeding the month of publication. All submitted ads must be typed. No handwritten or dictated ads will be accepted. To place an ad, contact Claudia R. Skutar, editor, at 517-336-5748 or fax 517-337-2490.

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Michigan Medicine carries a list each month of Michigan opportunities for doctors to obtain both general education and Category 1 CME credits toward state licensing requirements. Sponsors of Category 1 programs and courses in Michigan are invited to submit information for the monthly calendar. Listings detail programs approved for at least two hours of Category 1 CME credit. Contacts are provided so that physicians may obtain further information.

APRIL

6 April, Thursday

Nuts and Bolts of

Corporate Compliance

Presented by MSMS Center for
Physician Education and Leadership
Four Points, Saginaw

5:30-6 p.m. registration

6-9 p.m. program

Contact: MSMS Registrar

Phone: 517-336-5766

Email: ladams@msms.org

6 April, Thursday

2000 Medicare Update seminar

Presented by MSMS Center for
Physician Education and Leadership
MSMS Headquarters, East Lansing

8:30-9 a.m. registration

9 a.m.-noon program

Contact: MSMS Registrar

Phone: 517-336-5766

Email: ladams@msms.org

13 April, Thursday

2000 Medicare Update seminar

Presented by MSMS Center for
Physician Education and Leadership
Traverse City location to be
announced

8:30-9 a.m. registration

9 a.m.-noon program

Contact: MSMS Registrar

Phone: 517-336-5766

Email: ladams@msms.org

13-14 April, Thursday-Friday

Women's Health:

A Lifetime of Care

This innovative MSMS conference
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from adolescence to senior years.

Novi Hilton, Novi

Staff: Sherry Fent

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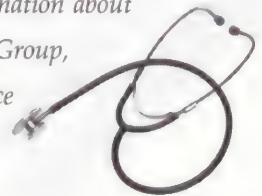
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Thursday-Friday, April 13-14, 2000

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Center for Physician Education and Leadership

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- Screening, prevention and intervention

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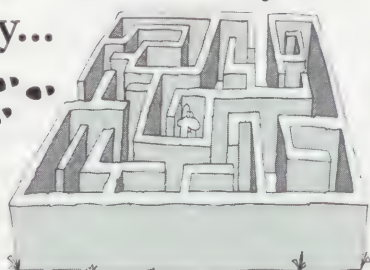
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Physicians as Leaders

Starting with this issue, *Michigan Medicine* will run information as available about MSMS members involved in health and healthcare related groups around Michigan. If you would like to see your name or the name of a colleague listed here, please contact *Michigan Medicine* Editor Claudia Skutar at 517-336-5748 or at cskutar@msms.org

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DISCIPLINARY ACTIONS

The following actions of the Michigan Board of Medicine were taken following investigative and appropriate actions and are reproduced verbatim from summaries prepared by the Michigan Department of Consumer and Industry Services Bureau of Health Services.

Name: Mounir Labib Agaiby, MD, 8100 160th Avenue, Woodworth, WI 53194.

Action/Effective Date: Reprimand, 11-19-99.

Reason: Failure to report/comply—sister state disciplinary action.

Name: Michael T. Bergeon, MD, PO Box 331, Charlevoix, MI 49720.

Action/Effective Date: Voluntary surrender of license, 11-19-99.

Reason: Failure to meet continuing education requirements.

Name: John L. Brady, MD, 3452 Genesys Parkway, Grand Blanc, MI 48439

Action/Effective Date: Fine of \$2,500, 10-20-99.

Reason: Negligence.

Name: Geraldine M. Hardy, MD, 19707 Mack Avenue, Grosse Pointe Woods, MI 48236.

Action/Effective Date: Probation for a minimum of three months, 10-20-99.

Reason: Drug-related.

Name: David L. Lambrix, Jr., MD, Wright Medical Bldg., 215 E. Mansion, Marshall, MI 49608.

Action/Effective Date: Fine of \$500, 10-20-99.

Reason: Negligence.

Name: Myron S. Lee, MD, PO Box 87, Monroe, MI 48161.

Action/Effective Date: Rescinded 2-17-98 consent order imposing reprimand and fine, 10-29-99.

Reason: Complaint dismissed.

Name: Richard Jan-Chung Lo, MD, 6666 Stonebridge East, West Bloomfield, MI 48322.

Action/Effective Date: License suspended for a minimum of 30 days, 10-20-99.

Reason: Negligence/incompetence.

Name: Farhad H. Alrashedy, MD, 1 Miyoko Pt. Spun Rd., Republic, WA 99166

Action/Effective Date: Probation reprimand, fine of \$1,000, 12-17-99.

Reason: Failure to report/comply, sister state disciplinary action.

Name: Don F. Brooks, MD, Medical Park Dr., Suite 200, Watervliet, MI 49098.

Action/Effective Date: License suspended on 11-17-99 for 60 days; upon reinstatement, probation until 7-02-02.

Reason: Mental/physical inability to practice.

Name: James R. Frew, Jr., MD, 1103 North State St., Big Rapids, MI 49307.

Action/Effective Date: License suspended for two years on 12-17-99 and fine of \$1,000.

Reason: Sexual misconduct.

Name: Michael E. Graney, MD, 8550 W. Grand River, Suite 300, Brighton, MI 48116.

Action/Effective Date: Two-year probation, reprimand and fine of \$1,000, 11-04-99.

Reason: Failure to meet continuing education requirements.

Name: Joseph B. Leibman, MD, 19/2 Sdai Chemed, D.N. Modiin, Kiriat Sefer, Israel.

Action/Effective Date: License suspended for a minimum of one day and fine of \$500, 12-17-99.

Reason: Sister state disciplinary action.

Name: Inamul Haq Ansari, MD, 11890 East Warren Ave., Detroit, MI 48214.

Action/Effective Date: Reinstatement denied, 11-23-99.

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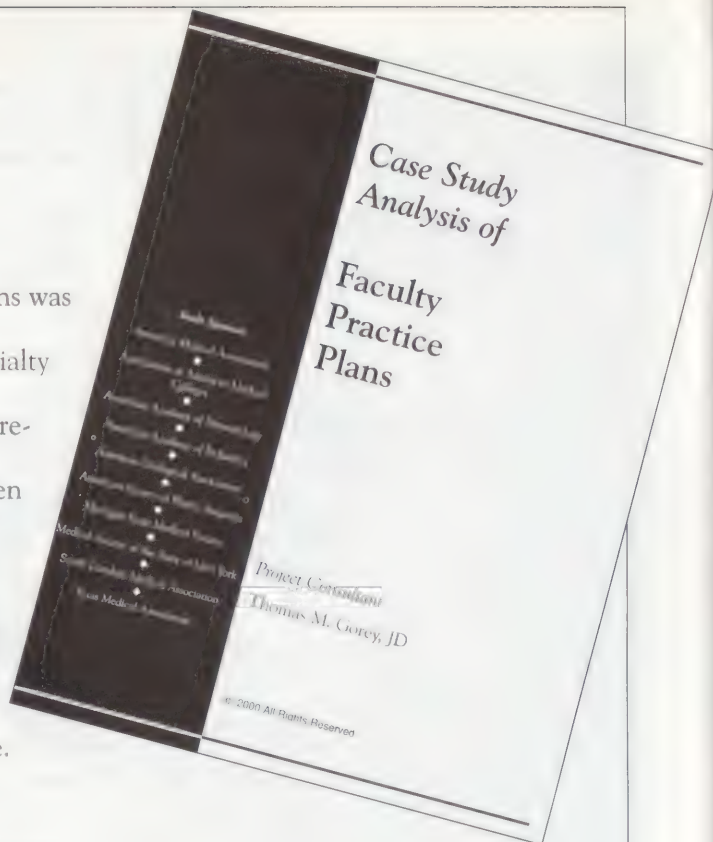
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Is It Good Medicine?

Continued from page 48

without undue oversight and arbitrary rules, so that quality care and patient satisfaction remain high. Every committee meeting and every significant policy change should be begin with the reflection, *Is it good medicine?*

From the patient's perspective, it means participating in care rather than passively receiving it. It means taking prescribed medications, following up with appointments, doing follow-up exercises, and asking your

physician tough questions. When a patient asks the tough questions, the physician is compelled to think deeper and to put medical jargon into layperson's language. When the patient has a good understanding of what the physician is doing and why, both the patient and physician feel more comfortable with the relationship.

Is it good medicine? Habitually reflecting upon this question with each professional decision represents a shift back to a patient focus, a shift back to simplicity. That is the direction we should continue to move to

improve our healthcare system. Then we stand a chance of making our good health system great. As Leo Tolstoi once said, simplicity is a necessary ingredient for greatness. I heartily agree. As we make healthcare decisions, let's vow to consider this question to help us focus on what's truly important — the health of our patients.

As always, I welcome and encourage your comments on this or any other issue. Contact me by e-mail (ksawhney@msms.org) or leave a phone message at MSMS.

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Ask Yourself This Question From the Past: Is it Good Medicine?

Krishna K. Sawhney, MD

MSMS President



"There is no greatness where there is not simplicity, goodness, and truth."
— Leo Tolstoy (1828-1910)

Perhaps my age is showing, but I often wander in my mind back to simpler days.

To the days before "managed care" suggested that a more "efficient" way to practice medicine was to involve layers of non-physician administrators in clinical decisions. To the days before "risk management" created the cover-your-tail craze. Before health insurance forms became as complicated as tax forms. Before medical liability insurance premiums went from reasonable to reasonably outlandish.

In those days, physicians could test their professional decisions with one simple question, *Is it good medicine?* It brought the physician's knowledge and judgment to bear on the patient's well-being. It was the essence of medicine.

Now, things are more complicated. While we can't go back in time, we can infuse our thinking with a healthy dose of medical thinking from the past. First, we have to close our ears to the noise and see clearly again what we were taught in medical school. Let our medical judgment be our guide. And then stand boldly confident in our decisions, despite distant voices (most of them over the phone) questioning us at every turn.

This thinking demands simplicity — a return to pure medicine — an art that is buckling under to the finance, politics, and business of health care. We saw signs of hope when the large health insurer, United Health Care, recently announced that its participating physicians, not bureaucrats, make

the medical care decisions. *Is it good medicine?* Yes, I believe it is. How long will it take other insurers to catch on to this throw-back to the old days? It's apparently a difficult conversion to make for insurers that have been chanting the managed care mantra.

Hospitals, health plans, and patients should also feel free to use our question, *Is it good medicine?*, to test their decisions. Please do! It pro-

and judgment that place us in the dual role of provider and patient advocate.

To emphasize the importance of this type of thinking, place a sign in the waiting area and in each patient room asking the question, *Is it good medicine?*

From the hospital perspective, it means incorporating this question into discussions about new programs and program changes. How many discussions begin with the perfunctory "Do we have the money for this?" rather than "How will our patients benefit from this?" Why not write the question, *Is it good medicine?* at the top of committee agendas as well as on medical records? Why shouldn't this question be asked when high-level decisions are made? Do hospitals consider this question before a merger, or is it all about financial forecasts and market share points?

From the health plan perspective, it means reviewing care retrospectively with intelligence and broad knowledge of care options, not with the mechanical inflexibility of robots. It means creating policies that accommodate patients and physicians, who are your customers. It means trusting physicians to provide the care for which they were trained,

Continued on page 47

**"Asking the question,
'Is it good medicine?'
results in better
decisions for the
patient's well-being."**

motes deeper, sincere thinking and it results in better decisions for the patient's well-being. Everyone connected with health care — even policymakers and lawmakers — would benefit by reflecting upon this question when medical care is at issue.

From the physician's perspective it means asking ourselves the question before we treat each patient: *Is it good medicine?* Is this the right treatment or medication for this particular patient? It means standing up boldly in defense of our patients and the treatment provided. As physicians, we have the medical training

Share Your Thoughts

I would love to hear from you and I encourage my colleagues to express their views. Call me at MSMS at (517) 336-5777, or email a message to ksawhney@msms.org.

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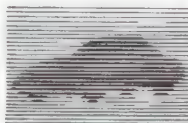
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Live and Then Give: The Facts About Organ Donation

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The good news is that most Americans say they support organ donation and would carry out their loved one's wishes if they knew them. The bad news is that only about half of families asked give consent because they don't know what their family member would have wanted.

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The affidavit of merit statute in Michigan is clear and unambiguous. In this regular feature, MSMS Legal Counsel Richard D. Weber, JD, explains why.

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Richard W. Harris, MD, combines lifelong dedication to medicine with a passion for auto racing.

March/April 2000 Volume 99, Number 3

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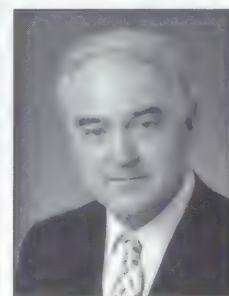
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Malpractice Affidavit of Merit Has Teeth

By Richard D. Weber, JD

MSMS Legal Counsel



Question: I am board-certified in orthopedic surgery. Is it true that a malpractice case cannot be filed against me without another board-certified orthopedic surgeon signing an affidavit stating that I committed malpractice? Would it also be true if the malpractice claim related to the administration of medication which was not unique to orthopedic surgery? Please explain the affidavit of merit requirement and whether it will be enforced by the courts.

Answer: The malpractice reform legislation that became effective in Michigan on April 1, 1994, requires that a plaintiff file an affidavit of merit with a complaint alleging malpractice against a health professional. The affidavit of merit must be signed by a health professional who the plaintiff's attorney reasonably believes meets the requirements of an expert witness under the companion expert witness statute. In addition, the expert must certify that all medical records have been reviewed and contain a statement as to the applicable standard of care, an opinion that the standard was breached, the actions that should have been taken or omitted to have complied with the standard, and the manner in which the breach was the proximate cause of the injury.

The expert witness statute specifically requires that, if the defendant in the malpractice case is a specialist, the expert witness must have specialized at the time of the occurrence in the same specialty. If

the defendant is board-certified, the expert witness must also be board-certified in the same specialty. In addition, the expert must have devoted a majority (more than 50%) of his or her professional time during the year immediately preceding the occurrence in the active clinical practice of that specialty and/or the instruction in an accredited health professional school in that same specialty.

The affidavit of merit statute is clear and unambiguous. It requires matching specialties and board-certifications. If the expert witness who signs the affidavit of merit does not have credentials matching those of the defendant, statutory compliance is not achieved. In that instance, the plaintiff's attorney has no basis to reasonably believe that the statutory requirements have been met, and a court should dismiss the complaint.

The Michigan Court of Appeals recently decided a case presenting similar issues. The defendant physician performed coronary artery by-

pass surgery. The plaintiff subsequently was diagnosed with heparin induced thrombocytopenia, white clot syndrome and heparin allergy and was forced to undergo a leg amputation as a result of thrombosis due to the reaction to heparin. The defendant doctor was board-certified in general surgery and in thoracic surgery with a specialty in cardiothoracic surgery. An affidavit of merit was signed by a physician who was board-certified in internal medicine, which certification obviously did not match the certification of the defendant physician. The trial court dismissed the case and shortly thereafter the plaintiff filed an identical complaint with a new affidavit of merit signed by a physician who was board-certified in cardiothoracic surgery. The second complaint was filed more than two years after the alleged malpractice occurred, and the trial court dismissed that case based on the statute of limitations.

The Court of Appeals was confronted with the argument that the alleged malpractice occurred during the post-operative treatment with heparin, and the contention that treatment with this drug is generic to all medical fields and is not distinct within the cardiothoracic specialty. The plaintiff argued that the statute should not be interpreted to preclude testimony of an expert who is not board-certified in the same specialty as the defendant, but

Continued on p.6

Editor's note: If you have legal questions you would like answered by MSMS legal counsel in this column, send them to Claudia Skutar, *Michigan Medicine* editor, MSMS, 120 W. Saginaw, East Lansing, MI 48823, or at cskutar@msms.org.

Continued from p. 5

who has at least equal, if not greater, expertise with respect to the specific subject of the malpractice claim which is not unique to the defendant's specialty. Notwithstanding this argument, a majority of a panel of the Court of Appeals held that the statute is clear and unambiguous and that matching board-certifications are required. The Court held that any attorney practicing in Michigan should have been familiar with the well-established principle that clear and unambiguous statutory language is to be applied by a court in accordance with its plain meaning. An application for leave to appeal to the Supreme Court is pending in this case. If the Supreme Court accepts the case, legal counsel will recommend to the MSMS Board that an amicus curiae brief be filed in support of the constitutionality and strict construction of the affidavit of merit statute.

The affidavit of merit has teeth and will be enforced. This would not have been the result, however, had the Michigan Supreme Court not held the expert witness statute to be constitutional. This critical decision was rendered on July 30, 1999. ■

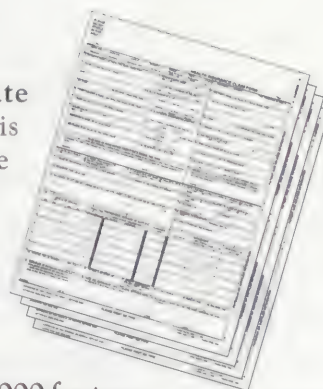
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Open to physicians, nurses and other health professionals, this conference will focus on new brain tumor treatments currently available, including gene therapy and CAI, and therapies soon to come. Topics include advances in neurosurgery, radiation oncology and medical oncology therapeutics, as well as the role of tumor biology and molecular biology in the drug development process. Patient management issues, particularly the importance of nursing and team communication, will also be addressed.

PATIENT SYMPOSIUM PRESENTED BY AMERICAN BRAIN TUMOR ASSOCIATION:

JUNE 10, 2000

Open to patients and their families as well as interested caregivers, this conference will address issues important to patients such as new treatments and include workshops on cancer survivorship, finding hope in support groups, nutrition, surfing the web, and viable alternative therapies. Guest speakers include Neal Shine, Editor Emeritus of the *Detroit Free Press*, and Sonya Friedman, PhD, clinical psychologist and former television and talk-radio host.

REGISTRATION:

Professional Conference

Registration Fee: \$50

Contact: Shelley Helton, Office of Continuing Education,
Henry Ford Health System.

313.876.3073. E-mail: sheldon1@hfhs.org

Patient Symposium

Advance Registration Fee: \$35

Contact: American Brain Tumor Association

800.886.2282. E-mail: info@abta.org

Professional Conference Faculty:

Henry Bartkowski, M.D., Ph.D., Henry Ford Health System
William Chandler, M.D., University of Michigan
Suzanne Kuzniar, R.N., Henry Ford Health System
Tom Mikkelsen, M.D., Henry Ford Health System
Jerome Posner, M.D., Memorial Sloan-Kettering Cancer Center
Jack Rock, M.D., Henry Ford Health System
Lisa Rogers, D.O., Henry Ford Health System
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This program meets the criteria of 6 credit hours in Category I of the Physician's Recognition Award of the American Medical Association. In the State of Michigan, Category I physician credits are applicable to CEUs.

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Unprecedented PSG expansion provides complete line of insurance to physicians, their families, and their employees.

By Gregory Brusstar

MSMS Physician Service Group, Inc., (PSG) significantly expanded its insurance operations to enable members and their employees to purchase a full range of personal and business insurance through the newly-titled Physician Insurance Resources subsidiary.

The expansion, facilitated by two new strategic alliances, provides physicians with a convenient and trusted source for all their insurance needs, according to William E. Madigan, executive director of the Michigan State Medical Society (MSMS).

"This is the most significant expansion of PSG since we created it in 1986," said Mr. Madigan. "The board and management are extremely pleased with the prospect of providing physicians with all their insurance needs. Our members win because they get convenience, excellent value, and well-researched products. MSMS wins, too, because it enhances our non-dues income, boosting our financial strength as an organization."

The strategic business alliances that expand PSG's insurance offerings are with Mutual Insurance Corporation of America (MICOA) and Comerica Insurance Services.

Under the MICOA agreement, PSG has been appointed a direct agent to sell medical liability, workers' compensation, and other business lines of insurance. This marks the first time physicians will be able to purchase MICOA insurance directly through PSG.

"The appointment of PSG as an agent is an added convenience for MSMS members," said Bob Roehrig, MICOA's group vice president for marketing. "Physicians can now deal with one agent at their professional association for all their insurance needs."

MSMS has long endorsed MICOA, and assisted with the creation of the company in 1976 when it was known as Michigan Physicians

Mutual Liability Company. The insurer's name was changed in 1998 to MICOA to reflect its geographic expansion and product diversification.

Through the agreement with Comerica Insurance Services (CIS), a wide range of financial planning and personal insurance will be offered. Those include life, disability, longterm care, auto, home, and commercial insurance. All are available through a variety of insurance providers. Some of the advantages offered by CIS include research and selection of the best insurance products, premium discounts due to high sales volume, and favorable underwriting rules.

In addition, CIS representatives will be available to conduct workshops on such financial topics as estate planning, Section 105 sick pay planning, qualified pension plan traps, Section 412i retirement planning, and non-qualified retirement planning.

"We're excited about our new relationship with the Michigan State Medical Society," said William J. Krause, managing director of CIS. "We look forward to bringing physicians high-quality insurance products at reasonable rates."

CIS was established in 1990 as a strategic business unit to expand Comerica Bank's insurance operations. In 1994, Comerica became one of the first banks in Michigan to acquire an insurance agency, Access Insurance, which later became CIS. In 1999, Crain's Detroit Business ranked Comerica Insurance Group the sixth largest business insurance agency in Michigan.

PSG's insurance products will be grouped under the new name MSMS Physician Insurance Resources, according to Dawn Reha, general manager of insurance operations for PSG.

"This is a major departure from the way we've done business in the past," Ms. Reha said. "The benefit to physicians will be enormous. PSG has

developed an excellent rapport with physicians and has a strong sense for what physicians want and need. Physicians can have confidence and trust that we'll provide the right products to suit their needs at a competitive price."

One of the most important features of the program, Ms. Reha says, is the convenience for physicians of "one-stop shopping."

"I've never met any physicians who enjoy spending their time shopping and comparing the fine print on insurance policies," Ms. Reha said. "We'll give that time back to physicians. And we'll be able to provide them all the insurance they need — from cradle to grave — through one agent. Until now, physicians didn't have that."

Other time-savings and convenience measures are in the works, Ms. Reha says. For example, in the future, physicians will be able to apply for insurance through the Internet.

Another notable feature allows physicians' employees to purchase insurance through the program. "This is a benefit that will be easy for physicians to offer and employees will appreciate it," Ms. Reha said.

PSG board member David E. Randolph, MD, believes the move to become a full-service insurance agent was the right one for physicians and PSG.

"What we're doing is offering something that members need and, at the same time, we're getting a better deal while we're helping our professional organization," Dr. Randolph said. "What could be better than that? What makes the program even more exciting — and will be an incentive for some physicians — is that we can offer these products to our employees at our savings. For PSG, this is a great way and an appropriate way to raise non-dues revenue."

PSG board member Jon Anthony, a practice consultant and practice manager of Ingham Radiology Associates, believes the program is a good fit with PSG.

"PSG staff members have years of experience

dealing with physicians," he said. "They have a good feel for what physicians need. They can offer products tailor-made to the special needs of physician offices. Physicians trust PSG because its whole purpose is to enhance the well-being of its constituency." ■

The author is an Okemos-based freelance writer.

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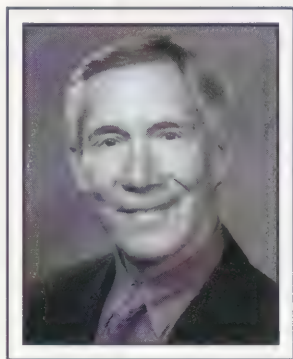
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MRA Merchant Credit Card Programs Contact Tamara Baker at (800) 599-9484 or tbaker@retailers.com

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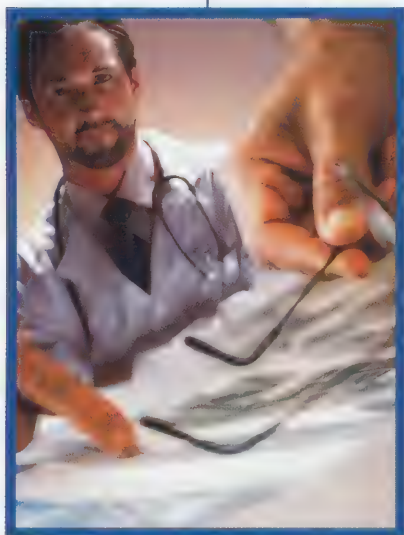




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Telephone (Next of Kin)

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Live ^{and} Then Give

The Facts About Organ Donation

By Jennifer Higgins

At the young age of 42, John Brinkerhuff never imagined that he would have heart trouble – let alone be placed on a list for a heart transplant. After collapsing in a pizza parlor from what he later learned to be an idiopathic cardiomyopathy, Brinkerhuff's life soon changed. Over the next year and a half, his ejection fraction deteriorated to 30 percent, at

Live and Then Give

Continued from p. 19

which time his physician advised him to spend time with his wife and four children, three of whom were still at home. In January of 1990, Brinkerhuff was accepted as a candidate for a heart transplant. At that time, his ejection fraction was 18 percent. Knowing that one third of the candidates for transplant die waiting, he decided to do everything he could before his "last day." In July of 1991, Brinkerhuff began to have congestive heart failure. He was transported to Ann Arbor, where his ejection fraction was less than eight percent and his blood began to clot, causing TIAs. He was told that there wasn't anything that could be done, unless a heart became available for transplant. He believed he was going to die. The next day he was approached with news that a donor was being evaluated for the heart transplant. John Brinkerhuff received that transplant and as a result, has lived to see all of his children graduate from high school. He's experienced what it's like to have his five grandchildren call him "grandpa," and he celebrates life to its fullest every day.

This year, some 67,000 people on the national organ transplant waiting list will only hope to tell a story like John's. Unfortunately, nearly 5,000 of those on the list will die waiting. The good news is that most Americans say they support organ donation and would carry out their loved one's wishes if they knew them. The bad news is that only about half of families asked give consent because they don't know what their family member would have wanted.

"It is our responsibility as physicians to educate our patients about organ and tissue donation and the importance of communicating their wishes to their family. It is also important to put our own names on the organ and tissue donor registry," said Krishna K. Sawhney, MD, president of MSMS. "Physician offices should have information packets in the waiting areas,

a repository for organ donor cards, and a system for getting those cards included on the registry. By promoting organ and tissue donation, and setting examples ourselves, we can extend our commitment to saving and improving lives in a very meaningful way."

The Facts

Since the first organ transplant in 1954, transplant medicine has become a remarkable success story. According to the Health Resources and Services Administration, the number of transplants performed each year has grown from 12,618 in 1988 to 20,961 in 1998. The number of patients awaiting transplantation has grown even more rapidly from about 14,000 in 1988 to some 67,000 people waiting today. While the number of people needing a transplant has grown exponentially, the number of donors has not. The donor list has gone from 5,906 donors in 1988 to 9,913 in 1998. The number of donors has not even doubled during the same time that the national organ transplant waiting list has more than tripled. As a result, some 13 people die each day while waiting for an organ for transplant.

As of February 1, 2000, there were 2,567 patients waiting for an organ transplant in Michigan.

- 147 for a pancreas transplant (838 nationally)
- 340 for a liver transplant (14,590 nationally)
- 133 for a lung transplant (3,615 nationally)
- 1,736 for a kidney transplant (44,146 nationally)
- 81 for a heart transplant (4,082 nationally)
- 130 for a cornea (national number not available)

According to the Gift of Life Foundation, 39 patients have received an organ transplant so far this year, and 16 patients have died waiting. In 1999, 472 patients received an organ trans-

plant compared to 520 in 1998. Of those patients waiting for a transplant, 219 died in 1999, compared to 191 in 1998. The discrepancy between the supply of, and the demand for, transplantable human organs continues to worsen at an accelerating rate. There are far more patients in need of an organ transplant than there are organs available for transplantation.

"The demand is so much more than the supply. It's heartbreaking to see patients waiting for organs that might never come," said Darrell A. Campbell, Jr., MD, professor of surgery at the University of Michigan, head of the transplant division.

The Dilemma

The unfortunate truth is that not enough people choose to be organ and tissue donors, and many more do not share their wishes with their family members, who ultimately are asked to consent to the donation.

"It's difficult to approach someone about organ donation in the middle of a crisis. In that situation, 50 percent of people say no," explained Doctor Campbell. "We're trying to educate people regarding the issue so families can discuss organ donation and know each other's wishes in the event of an untimely death. It's much easier to say yes when it's been previously discussed."

The issue is complicated by the fact that only 12,000 – 15,000 people who die each year are eligible for organ donation. In order to qualify, a person must be declared brain dead. The state of Michigan has brain death legislation that states that any person will be considered dead if there is irreversible cessation of spontaneous brain functions. Death is to be pronounced before artificial means of supporting respiratory and circulatory functions are terminated. A person who has died from a cardiac arrest and has no cardiac or respiratory activity is a potential donor only for tissues. Furthermore, donation is not possible when the person has a

serious infection, communicable disease, or cancer (other than a brain tumor).

Clearly, the pool from which to obtain organ donors is small. According to statistics compiled by the national Live and Then Give campaign,

Continued on p. 22

The Process of Organ Donation

- Patient is pronounced brain dead after evaluation, testing and documentation by a physician.
- A referral is made to the organ recovery agency to evaluate the suitability of the patient for donation.
- The family is offered the option of organ and tissue donation. Written consent is obtained.
- The medical examiner or coroner clears the donation.
- Donor is maintained on a ventilator and stabilized with fluid and drugs. Many tests are then completed to determine if each organ is healthy and suitable for transplant.
- Recipients are notified for placement of the organs according to the established protocols of the United Network for Organ Sharing (UNOS).
- Surgical teams are mobilized and coordinated to arrive at the donor hospital for the organ recovery surgery.
- The donor is brought to the operating room on the ventilator after the surgical teams have arrived at the donor.
- The surgical organ recovery is performed. Organs are cooled and preserved. Teams immediately return to their transplant centers to perform the transplant surgery.
- Tissue donation takes place after the organ donation is completed.
- Autopsy is performed, if requested, after the donation process is completed.
- Donor is released to funeral home.
- Organ Procurement Agency (in Michigan, The Transplant Society of Michigan) provides donor family with information about the recipients of their gift. Confidentiality is maintained.

Live and Then Give

Continued from p. 21

if the number of accidental death victims who had pledged their organs increased by just 10,000 a year, there would no longer be a need for a national waiting list.

Organ & Tissue Donation Resource List

United Network for Organ Sharing (UNOS)

888-894-6361

www.unos.org

TransWeb: All about transplantation and donation

734-998-7314

www.transweb.org

U.S. Department of Health and Human Services (DHHS) &

Health Resources and Services Administration (HRSA)

301-443-7577

www.organdonor.gov

Coalition on Donation

800-355-SHARE

www.shareyourlife.org

Transplant Recipients International Organization, Inc.

800-TRIO-386

www.primenet.com/~trio

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www.sos.state.mi.us

Michigan State Medical Society – Live and Then Give

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www.msms.org/liveandthengive/

American Medical Association

www.ama-assn.org

Organ Allocation

Organ procurement agencies are bound by Update Network for Organ Sharing (UNOS) guidelines, which are administered by the Department of Health and Human Services. All patients accepted onto a transplant center waiting list are registered through their local organ procurement organization (OPO) with UNOS. UNOS maintains a centralized computer network linking all OPOs and transplant centers. This computer network is accessible 24 hours a day, seven days a week, with organ placement specialists available to answer questions. Patients are not only registered through their OPO, but they are also registered through their transplant center and with a tissue-typing lab.

When a donor organ becomes available, the local OPO accesses the UNOS computer network. The system generates a list of patients ranked according to UNOS policies on organ allocation. Factors affecting ranking may include the following:

- tissue match.
- body size.
- blood type.
- patient location.
- length of time on waiting list.
- immune status.
- severity of illness.

Currently, organs are offered to listed patients in the local area first. All attempts are made to match organs donated in Michigan with patients in this state. If no match can be made, organs are then allocated to one of 11 regions. Michigan is in region 10 with Indiana and Ohio. If no match can be made regionally, then the organs are offered to the highest-ranking patient elsewhere in the United States.

According to UNOS guidelines, the patient matched for the transplant must (1) be available and willing to be transplanted immediately; (2) be healthy enough to undergo major surgery; and (3) undergo laboratory tests measur-

ing compatibility between donor and recipient to ensure that the recipient will not reject the organ.

Proposed Legislation

On December 17, 1999, President Clinton signed legislation that delays the effective date of proposed Organ Procurement and Transplantation Network (OPTN) regulations. Comments on the regulations are being considered with the "Final Rule" scheduled at this writing to go into effect on March 16, 2000. To view the amended Final Rule, go to <http://www.organdonor.gov/legact.htm>. Key provisions of the amended regulations include:

- OPTN to develop standardized and enforceable medical criteria for placing patients on and removing them from the waiting lists, and defining their medical urgency status.

- OPTN to develop allocation criteria to provide for adequately based sharing of organs over a sufficiently large population area to ensure the likelihood that the organs reach those patients who need them most and who would benefit the most from them.

- Department of Health and Human Services to oversee the transplantation system to help ensure that it is operating in the public interest, and that its policies result in organ allocations and transplantations that are as fair and as medically effective as possible.

- OPTN to design performance criteria including patient-centered, outcome-oriented performance measures.

- OPTN to provide more current, complete and usefully organized data to assist with transplantation decision-making by patients, physicians and the transplant community.

Regarding the allocation of organs, Lynn Rothberg Wegman, Acting Director, Division of Transplantation, Office of Special Programs, Health Resources and Services Administration (HRSA), further explained that, "The regula-

tion requires that the medical community, through the OPTN, develop medical criteria for allocation of each specific organ. While medical decision-making will be left to the transplant community, the HHS regulation will provide the framework within which these policies will be developed. In this way, policies will address important public health goals such as equity, effectiveness, and scientific validity for the benefit of the American public."

Michigan Meets the Challenge

Efforts to increase organ donor awareness and registration are happening throughout Michigan. The Secretary of State's office is playing a vital role in the organ donor initiatives. "No one can listen to the stories of patients waiting for a transplant or those who have received one and not be moved," said Secretary Candace Miller. "Deciding to be an organ donor is the ultimate act of kindness and heroism."

Some of the activities sponsored by the Department of State include:

- Buddy Day 2000, Monday, April 3: The Department of State, together with the Gift of Life Foundation, opened Secretary of State branch offices to transplant recipients, those waiting for a transplant, and friends and family of transplant recipients. These "Buddies" will educate the public about organ donation.
- Michigan Driver's License: The new Michigan Driver's License now provides space for motorists to designate their organ donor wishes on the back of the license.
- Donor Registry Enrollment Card Program: Organ donor registry enrollment cards are mailed with every driver's license and state identification card and placed in Secretary of State branch offices. To date, the number of names on the Michigan Organ and Tissue

Continued on p. 24

What Physicians Can Do

1. Sign a donor card yourself; designate "organ donor" on your driver's license; and specify your wishes in your will, medical powers of attorney, and other legal documents.

Sign up at www.msms.org/liveandthengive/

2. Share your decision with your family and closest friends.
3. Talk to your patients.

- Build organ donation options into your standard patient information forms, records or surveys.

- Choose a non-crisis office visit when the patient is healthy, calm and able to focus on a sensitive topic.

- Determine the patient's mood. If the patient seems stressed or hostile to the topic, postpone it to a later time.

- Explain the definition of brain death and the requirements to be eligible to donate organs.

- Stress the positives – donating one's organs could end suffering and save lives of several seriously ill people.

- Answer questions simply, avoid medical jargon.

- Provide a donor card. Encourage the patient to take the card home and speak to family members.

- Offer literature.

- Dispel myths about organ donation — the most common being that it costs the patient's family too much to donate organs. In fact there is no charge for donated organs and tissues. Donation is a gift.

- Get help from the Gift of Life Foundation, 1-800-482-4881.

4. Call the Gift of Life Foundation at 1-800-482-4881 for a free presentation to your staff about organ donation. The Foundation can also provide educational materials and donor cards.

Live and Then Give

Continued from p. 23

Donor registry has increased by nearly 160,000.

- Online Organ Donor Registry: Residents can now enroll to be an organ donor through the Secretary of State website, www.sos.state.mi.us.
- SMART LINK: A new web-based kiosk for shopping malls and other public areas will allow residents to access organ donor registry cards, among other information, online.
- Donor Awareness Outreach Campaign: The Secretary of State's office recently produced two organ donor public service announcements for television. The outreach campaign will continue this spring with billboards and posters promoting organ donation.

Another initiative in Michigan is the result of a national \$13 million grant program recently announced by Vice President Gore. The Transplantation Society of Michigan, TransWeb, the Institute for Social Research at the University of Michigan, and Transcom Media have been granted a three-year award of \$895,699 to facilitate a project titled, "Measuring the Effectiveness of a Multimedia Internet-Based Approach to Increasing Donor Registry Participa-

Live and Then Give

Physicians can easily share the gift of life through The Michigan State Medical Society's "Live and Then Give" organ donation campaign. Visit www.msms.org/liveandthengive/ to learn about the campaign, organ donation in the news, a message from Krishna K. Sawhney, MD, and to view the MSMS donor honor roll. Most importantly, physicians can register to become organ donors by filling out a faxable online registration form.

tion." The project will target secondary school students (who are in the process of forming beliefs) and healthcare providers working in settings where donations may occur. The project aims to expand the existing TransWeb site by creating a new path through The Transplant Journey (www.transweb.org/journey) that will focus on the effects of education on donor registration. According to Eleanor Jones, TransWeb associate editor/webmaster, "This is a pilot project that will offer a multimedia approach to increasing organ donor registration and family notification. We believe that middle and high school students are ripe for making life decisions such as this, and we want to plant the seed early for organ donation. We hope to reach 60,000 people over the course of the grant." ■

The author is a Grand Rapids-based freelance writer.

The Gift of Life

"Our youngest son, Jarrod, suffered a severe brain stem injury on November 3, 1996. When the topic of organ donation came up, it didn't take us long to make a decision," shared Joe Alger, father of Jarrod. "Our son was a caring young man and concerned for other people. We felt this was his decision – we know he would have given of himself. The basic premise of organ donation is the ability to give life. When these people (recipients) look you in the eye and ask, 'Do you know how much we appreciate this?', you don't until it happens to you. We didn't know the power of the gift of life."

The donation of Jarrod's organs benefited five people: An eight-year-old boy received one of his kidneys, a middle-aged man received the other kidney, a middle-aged man received one of his lungs, another middle-aged man received Jarrod's heart, and a woman received his liver.

For more information about organ donation, refer to the organ and tissue donation resource list provided on page 22 or contact the MSMS Department of Communications at (517) 336-5745.

PEOPLE IN THE NEWS

MSMS Past President Peter A. Duhamel, MD, FACS, Rochester, was elected president-elect to the American Society of General Surgeons recently. Doctor Duhamel, a board-certified general surgeon, will be installed as president next year. While a member of the 3500-member society, which was formed under the auspices of the AMA and later reorganized by the American College of Surgeons, he also has served as vice speaker and speaker of the House. The society annual sends delegates to the AMA House of Delegates meeting. Doctor Duhamel has been an MSMS member since 1963, and is President of the MSMS Foundation.

Freddy Sosa, MD, recently received the Blue Cross Blue Shield of Michigan Progressive Technology Award for his consistent use of drug history on DENIS. Marianne Udow, BCBSM senior vice president of Health Care Products and Services, said physicians like Doctor Sosa have helped BCBSM to develop new technology to provide better care to members.

William Sprague, MD, Grand Rapids, was given the Benjamin Rush Award for Citizenship and Community Service for his years of medical service in international and domestic hardship areas. The award was presented by the AMA at its last Interim Meeting. Doctor Sprague, an obstetrician and gynecologist, has volunteered on international medical missions to more than 19 countries and in many other activities in this country. He's received several awards for his service, including the Rotary International's Regional Service Award for his contributions toward eradication of polio.

Daniel J. VerBurg, MD, Petoskey, recently was named Best Doctor by Northern Express, a Michigan weekly magazine. He was selected for the Readers Choice 2000 award from 12 northern Michigan counties. Doctor VerBurg currently directs Women and Children Services at Northern Michigan Hospital.



IN MEMORIAM

MSMS and Medicine Lose a Great Leader

Former AMA Board of Trustees Member and MSMS Board Chair **Frank B. Walker, MD**, St. Clair Shores, passed away from a heart attack on March 25, 2000 at the age of 68. Doctor Walker, a board certified pathologist, most recently served two three-year terms as an AMA Trustee and served on the MSMS Foundation Board of Directors.

Born the fourth of five generations of physicians in his family, Doctor Walker has been described by many colleagues as "reliable, trustworthy, and one who valued integrity and hard work."

"We lost one of medicine's greatest thinkers, and a most compassionate individual," said John J. Coury, MD, MSMS past president.

Doctor Walker will be remembered fondly for his straightforward and honest style of campaigning, particularly for the AMA Board of Trustees. Instead of sending out slick promotions in his first campaign, he sent hand-written, personalized letters to the 800 AMA delegates.

He also has left his personal mark on MSMS through his work on the MSMS Board of Directors, the Foundation, and Michigan Doctors' Political Action Committee. Doctor Walker also was a past president of the Wayne County Medical Society and a graduate of Wayne State University School of Medicine.

His wife, Phyllis, their seven children, and 13 grandchildren survive Doctor Walker. The Walker family asks that memorial contributions in his name be made to the MSMS Foundation or Wayne State University School of Medicine. MSMS members and staff offer sincere condolences to his family. For more information on Foundation giving, contact Sheri Greenhoe at MSMS at 517-336-7603 or sgreenhoe@msms.org.

DISCIPLINARY ACTIONS

The following actions of the Michigan Board of Medicine were taken after appropriate investigation and are reproduced verbatim from summaries prepared by the Michigan Department of Consumer and Industry Services Bureau of Health Services.

Name: Mohammed Iqbal Azimi, MD, 317 Ecorse Rd., #19, Ypsilanti, MI 48198.

Action/Effective Date: \$500 fine, 1-19-00.

Reason: Negligence.

Name: Ross J. Brechner, MD, 46 S. Howell St., Hillsdale, MI 49242.

Action/Effective Date: License lapsed, upon renewal/relicensure, license limited, 1-19-00.

Reason: Mental/physical inability to practice.

Name: Gary L. Farmer, MD, P.O. Box 23054, Albuquerque, NM 87192.

Action/Effective Date: Reinstatement denied, 3-2-00.

Reason: NA.

Name: Balkrishna T. Jagdale, MD, 35000 Ford Rd, Ste. 7, Westland, MI 48185.

Action/Effective Date: Voluntary surrender of license, 2-16-00.

Reason: Negligence.

Name: Surinder Singh Kohal, MD, 12 Harewood MNR, Morgantown, WV 26508.

Action/Effective Date: License suspended for six months and one day with \$3,000 fine, 3-2-00.

Reason: Failure to meet continuing education requirements.

Name: Boitshoko P. Marang, MD, 15417 Northgate Blvd., #301, Oak Park, MI 48237.

Action/Effective Date: Reinstated with limited license, probation one year, 2-01-00.

Reason: NA.

Name: Barbara G. Nelson, MD, P.O. Box 380168, Clinton Township, MI 48038.

Action/Effective Date: One-year probation, 3-17-00.

Reason: Negligence.

Name: David C. Phillips, MD, 372 Riverside Dr., Rossford, OH 43460.

Action/Effective Date: License suspended for six months and one day with \$1,000 fine, 3-23-00.

Reason: Probation violation.

Name: Marcelino C. Sorongon, MD, 3121 Davenport, Saginaw, MI 48602.

Action/Effective Date: License suspended for six months and one day with \$1,000 fine, summary suspension dissolved, 2-22-00.

Reason: Criminal conviction.

Name: Wayne M. Trinklein, MD, 507 Woodmere Crossing, St. Charles, MO 63303.

Action/Effective Date: Reinstatement denied, 3-2-00.

Reason: NA.

Name: Lewis H. Twigg, Jr., MD, 4250 N. Saginaw St., Flint, MI 48505.

Action/Effective Date: Probation of 30 days, reprimanded, \$1,000 fine, 3-02-00.

Reason: Negligence.

Name: Fred L. Vidal, MD, 3163 Lake Ranch Drive, Gainesville, GA 30506.

Action/Effective Date: Licensure granted, limited license, 2-01-00.

Reason: NA.

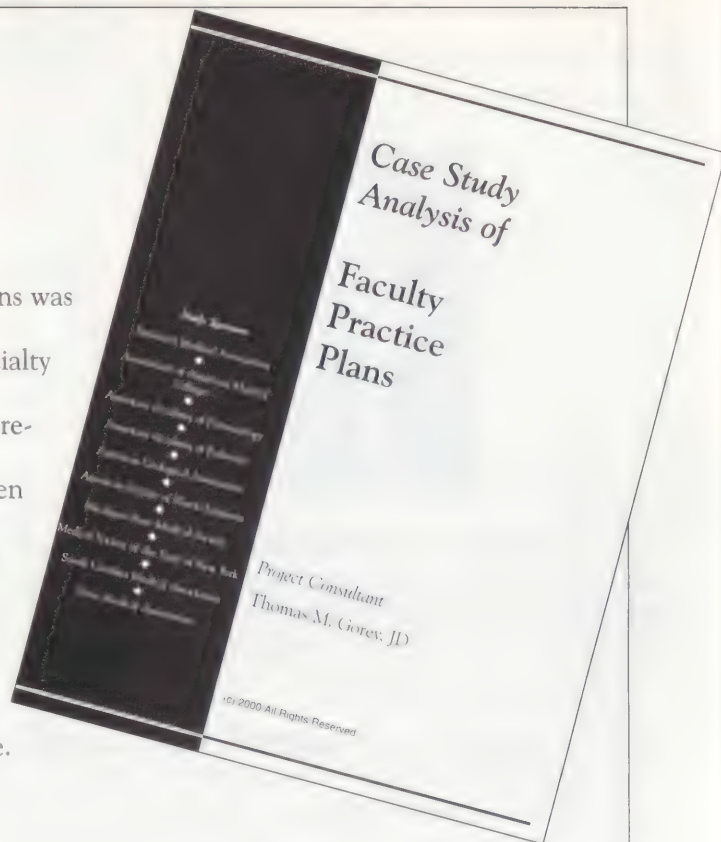
Name: Bruce E. West, MD, 28095 Danvers Dr., Farmington Hills, MI 48334.

Action/Effective Date: Six-month probation, 3-17-00.

Reason: Probation violation.

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This Doctor Loves Medicine and Auto Racing

By Gregory Brusstar

"You know, life is too short. I love every minute of it."

—Richard W. Harris, MD

You might say that Richard W. Harris, MD, lives life in the fast lane, but he'd probably disagree with you.

The unassuming Muskegon-area family practitioner would say that he is just doing what he loves to do — quietly pursue his personal and professional dreams.

Doctor Harris is a dedicated physician, in both his practice and in the community. He also has boundless energy for his personal interests and his family — his wife of 40 years, Joyce, and his two daughters, Pamela and Dana. His accomplishments are wide and varied.

One of his childhood dreams was to be involved in racing. He's done that and more. Another one of his dreams was to become a physician. He's done that and more. Another dream was to buy a horse farm for his wife, Joyce. He's done that and more. Still another dream was to get involved in professional hockey. And he's even done that, too.

Now at age 64, Doctor Harris is going to retire this summer from his medical practice in Fruitport, near Muskegon. He says it's time to retire from medicine to pursue new challenges. He doesn't know exactly what yet. But he has a couple of racing businesses that he could get more actively involved in. He has several show cars — a 1932 Ford Roadster and a Ferrari Daytona Spyder from the Miami Vice TV series — to take to weekend competitions. He could refurbish another car in his fully-equipped car shop. Then again, there's always work to be done on his 30-acre horse farm.

"You know, life is just too short," Doctor Harris said. "I love every minute of it." And he means it. *Michigan Medicine* caught up with him at a CME conference in Ann Arbor. His truck and trailer were outside, loaded with the 1932 Ford, ready to go to a car show in Ohio the next day.

Doctor Harris' childhood set the stage for his varied interests later in life, he says. He grew up in a neighborhood in Muskegon where many people had cars they raced on the local dirt track. His father worked on his cars himself, too. So by hanging around garages in the neighborhood, he quickly learned how to be a pretty good me-

chanic. In the summers, he'd often go to nearby Berlin Raceway on weekends, where he dreamed of racing one day. In winter, Muskegon was hockey town. So Doctor Harris played hockey on a team.

During high school, he got a job in a local grocery store, which he worked at on and off for 10 years during high school and college. He worked his way up to store manager. It was here that he found out that he liked to work with people. The store owner was a good man and had a strong influence on his decision to go to college. He was a strong proponent of higher education.

When Doctor Harris was drafted into the Army shortly after high school, his First Sergeant also emphasized the need for a college education. "He valued education so highly that he would do anything for people who wanted to take college courses," Doctor Harris said. "He even paid tuition for several of the privates. This was inspiring."

In the Army during the Korean War, Doctor Harris was lucky enough to use his mechanic skills rebuilding truck and jeep engines. After a two-year stint, he came back to Muskegon and entered the local community college. His academic performance was excellent. It landed him a two-year scholarship to the University of Michigan to complete his undergraduate studies in biology.

At that time, he knew he wanted to be a physician. His desire was fueled by his father, who had never gone to college, and had men-

tioned often that he'd always wanted to be a doctor. Doctor Harris was accepted into the U-M Medical School in 1960. To help pay his tuition, he worked nights and weekends as a laboratory technician. While working at the hospital, he met his wife-to-be, who was working as a receptionist.

In 1965, Doctor Harris started practicing medicine. He founded Norton Family Practice in Fruitport, Michigan. One of his lifelong dreams had finally come true, which would shortly lead to the next one.

Doctor Harris couldn't wait to get back into racing. He looked around for opportunities, and he soon found one. An experienced stockcar driver, Johnny Benson, was available to drive. Soon, Johnny Benson and Doctor Harris were in business together. Johnny was not only an award-winning driver, but he was a top-notch mechanic as well. They eventually formed Benson Harris Racing and Benson Speed Equipment, which are both still in business today.

Although Doctor Benson never pursued professional race car driving because it was too dangerous and time-consuming, he soon became a United States Auto Club (USAC) licensed physician. At the Berlin Raceway, he became the track's physician and served in this capacity for 20 years. For his decades of volunteer work there — saving lives and stabilizing injured drivers — Doctor Harris was inducted into the Michigan Motor Sports Hall of Fame in 1992.

Doctor Harris's wife, Joyce, had always been passionate about riding and training horses. After they were married, he promised her that if he made it through medical school, he would buy her a horse farm to fulfill her dream. In 1978, they purchased the 30-acre farm they live on today. For nearly 20 years, his wife bred, raised, and trained Standard Bred horses for racing. She continues to ride dressage and attend horse shows.



Doctor Harris stands with his Ferrari.

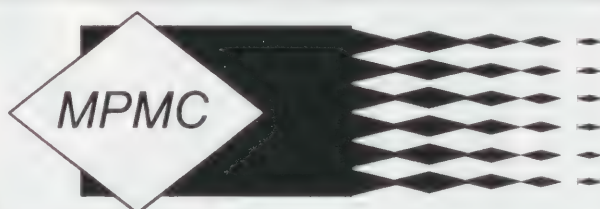
Since boyhood, Doctor Harris has loved hockey. He always played on a hockey team, and when he returned to Fruitport to practice medicine he immediately joined a team. So when a minor-league hockey franchise opportunity came up in Muskegon, he jumped at the chance. He became co-owner of the Muskegon Mohawks (now the Cleveland Lumberjacks). It was another dream come true — to be the owner of a professional hockey team. He no longer owns the team, and he quit playing the game at the ripe age of 50, but he still tunes into hockey games every chance he gets.

As a physician, Doctor Harris has a distinguished record of community service. He built Norton Family Practice from a solo practice to a 10-physician group with 35,000 patients. Also, he was one of several physicians who started up emergency services at the hospitals in Muskegon. In addition to donating his time at the Berlin Raceway, he volunteered as co-medical director of the heroin clinic in Muskegon during the 1960s and early 1970s, treating drug abusers. He continues to be active in his community. For his profession, he serves as treasurer of the Muskegon County Medical Society.

Without a doubt, Doctor Harris's passion is for cars and racing. Over the years he has collected several valuable show cars. He has a red award-winning 1932 Ford Roadster, a 1978 Excalibur, a 1987 Ferrari Daytona Spyder driven by Don Johnson in the Miami Vice TV series, a classic Shelby Cobra, and several Corvettes. These are the trophies of his passion.

But Doctor Harris also has a special passion for life, a passion that inspires those around him — everyone from his family, to his patients, to his colleagues, to his business associates. It is a special passion that makes dreams come true. ■

The author is an Okemos-based freelance writer.



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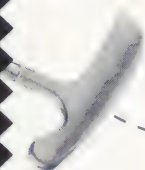
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Physicians for Responsible Negotiation: Launching A Non-union

By Ralph D. Ward

The battle for American labor to organize effective unions was one of the great business and social issues of the first half of the 20th Century. Though the beginning of the new millennium sees private sector unions not as powerful as they once were, the principle of organized labor has become an accepted part of our business world.

But the battle for union acceptance was often a daunting, difficult one, and Michigan was on the bleeding edge in this effort. The United Auto Workers' organizing drives of the late 1930s drew national headlines, with mass walkouts, sit-down strikes, and protracted struggles with management of the automakers for recognition.

Over a half century later, a new effort to organize labor is blossoming nationwide, and again the vanguard of this movement is focused in Michigan. Once again disorganized, sometimes exploited workers are seeking to come together to have their skills recognized and their concerns placed on the table. Again, management seeks to evade, delay, and discourage the effort, and again there are dire predictions from both sides on the outcome if their side should lose.

But in other ways this new organizing thrust looks very different from the UAW battles of 60 years ago. Rather than thousands of prospects to be organized, these new workers offer at most a few dozen here, a few dozen there. And no strikes now, either — these new workers have overtly fore sworn any walkouts or interruptions in service as part of their organizing effort. This new wave does not seek to affiliate with other unions, and in fact is itself only a "union" in a narrow, legal sense. This new effort is not actively out organizing, either — prospects need to come to them for aid, and far fewer legally qualify to join than have shown inter-

est. And finally, this new effort is not about gaining more money for members. Although many prospects indeed work long hours with inadequate compensation, as a group they are hardly people the general public views as starving proles. Instead, this new organizing wave is prompted by very real concerns over the quality of service that these workers are al-

lowed to give their ultimate customers. These "customers" are medical patients throughout the country. And the new wave of "struggling workers" is employed physicians.

Among the many powerful changes to hit U.S. health care over the past decade, the rising number of "employed" physicians has been one of the least noticed. The number of physicians employed by hospitals, health plans, and other providers has skyrocketed. "One third of all doctors under 40 are employed" notes Dr. Susan Adelman, MSMS past president. As older physicians who modeled their careers on independent practice retire, she observes, the employee physician paradigm is on its way to becoming the most common practice arrangement for the future. But these doctors face corporate pressures on care without the power of independence their predecessors held.

Adelman, also an AMA board of trustees member, is president of the new AMA-affiliated group that's making a difference for these doctors in duress, Physicians for Responsible Negotiation. PRN, formed last year, is a free-standing organization headquartered in Chicago, and already has a staff scrambling to follow up on pleas for help from employed physicians nationwide. "These physicians are trying to restore balance in care delivery," says Ross Rubin, acting executive director of the PRN operation. "Managed care has put a third party between them and the patients, and this has decreased

"One third of all doctors under 40 are employed."

**Susan Adelman, MD,
President, Physicians
for Responsible
Negotiation**

their ability to provide the care needed."

This process of "disintermediation" means that the physician's accepted role as advocate for patients is being eroded. Plans and hospitals now enforce more bottom-line discipline on care and, as the physician's employer, have the power to impose care standards that may clash with the physician's best judgment. As individuals, these physicians have little power to demand changes in policy. "If these doctors were in fact currently able to advocate for their patients, there would be a lot less demand [for PRN]" notes Rubin.

While the need to empower employed physicians has grown more and more apparent, the legal framework is only now catching up to reality. Last November the National Labor Relations Board reversed a previous ruling, and now says that residents in private institutions are eligible to organize under the National Labor Relations Act. Although the decision effected only residents at Boston Medical Center, its precedent opened great national potential for organizing. "The NLRB decision doubled our potential recruitment" notes Adelman. "We can now talk with almost 110,000 practicing physicians, and up to 90 thousand residents."

Michigan has now become the focus of a precedent-setting legal battle over physician organization. One of PRN's first organizing efforts involves Wellness Plan of Detroit, a mixed-model HMO with a staff of 42 physicians. The Wellness physicians, concerned with the effect state Medicaid cuts was having on the provision of care, sought a way to organize and had gone so far as filling in the cards needed for a UAW representation vote. But the members then heard about the PRN and "called us up to see what we could offer them" recalls Adelman. At PRN's second meeting with the group in December, the Wellness physicians signed a petition to the local office of the NLRB to have PRN represent them.

However, Wellness management started

working to delay the process with objections. In January NLRB hearings on the petition, Wellness challenged the unionizing plan, claiming that the physicians involved were "supervisors," and thus not eligible for collective bargaining. On February 11 the Detroit office of the NLRB decided in favor of the Wellness physicians, and plans for an election are proceeding. "I'm confident we'll win the elections," says Adelman, "but this can be a long process."

Although these 21st Century union battles look little like the lunchbucket wars of decades past, the Wellness case shows one clear resemblance — management willingness to fight every inch of the way. "Management gives lots of negatives to the doctors" observes Rubin. "They tell them that they don't really want a union, trust us, it will disrupt the delivery of care, and so on. But we never go anyplace unless the doctors call us in first. The problem is that the doctors themselves are dissatisfied. The issues really don't involve physician compensation, but instead the quality of care."

A clear difference in Michigan's old versus new labor battles, though, is the change in tactics on the labor side. How can physicians bring pressure to bear when they swear off the toughest organizing weapons, such as strikes? "If a doctor goes out on the street on strike, he takes the patient with him. It would be unethical for a physician to withhold care. But these physicians can still gain the benefits of collective bargaining law, and gain legal representation in dealing with the administration. However, this will take a long time in each case — the Wellness vote actually came about shockingly fast."

This is not to say that the doctors don't have a few effective weapons up their sleeves in dealing with "the bosses." Since most of their concerns focus on quality of care, the doctors usually have a well-documented list of care-cutting "horror stories" that administrators will not

Continued on p.38

Physicians for Responsible Negotiation
Continued from p. 37

want them sharing with the news media and area regulators. "You can be very sure that the issues that have been brought to us are all patient care issues," says Adelman. "The list of deficiencies in patient care will be a hell of a reading list on the front page."

Finally, PRN differs from the grand union-hall style in that it does not need to represent everyone it can. "A valid alternative to having a labor organization is to not have a labor organization," says Rubin. "Our goal is not to be the biggest, but to effect the behavior of administration. That may not be the way the UAW does it, but that's how we're doing it." ■

The author is a Riverdale-based freelance writer.

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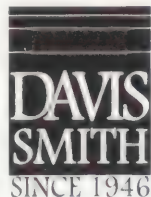
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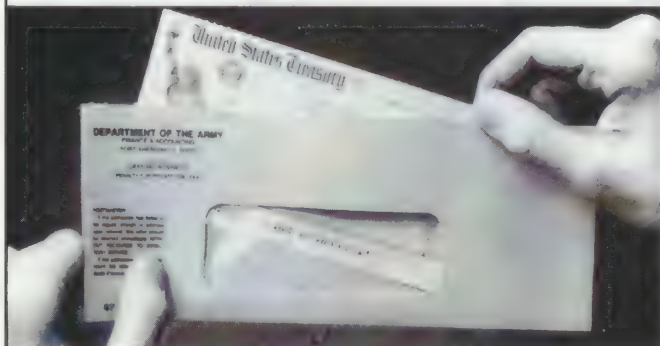
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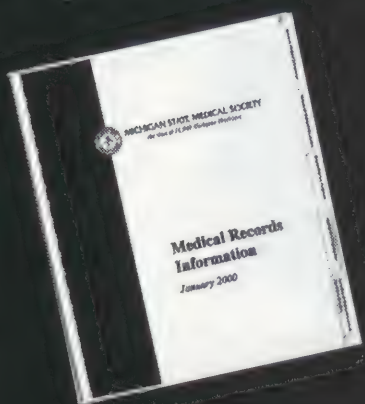
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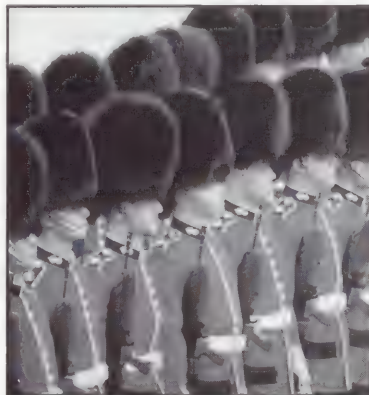
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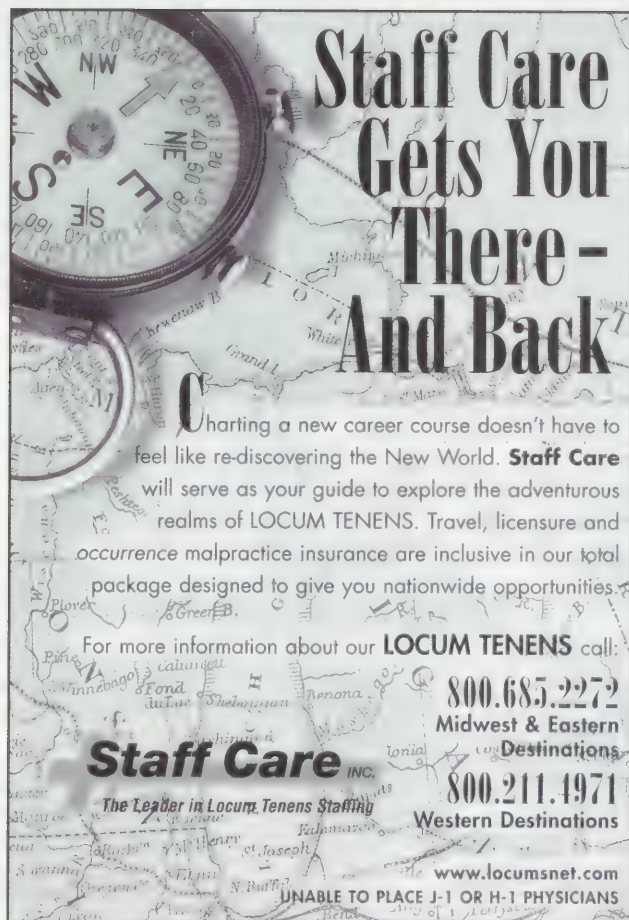
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Secrets of Success

Continued from p. 48

In short, this is how MSMS is built for success and constancy to purpose.

On a personal level, these "secrets" also can help us succeed in our own lives. Successful relationships with family members and friends depend on sincere listening, reflecting and thinking, taking action at the right time, communicating successes and failures openly, and treating others with respect.

MSMS's success at a time when

other state medical societies are struggling is an indication that we're doing many things right. We've built a foundation for our service culture that has brought us success. This success depends on many, many people — the physician leadership, MSMS staff, and the members. I'm honored to have served as MSMS President into the new millennium and privileged to have been associated with so many dedicated people who contribute to MSMS's "constancy to purpose." And my wife

Pam tells me I listen and communicate better than I did a year ago. So, perhaps I'm a better person for it, too. ■

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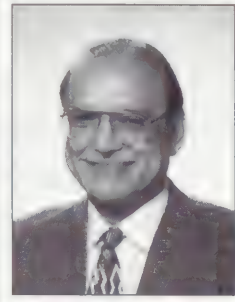
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Secrets of Success

Krishna K. Sawhney, MD

MSMS President

*"The secret of success is constancy to purpose."
— Benjamin Disraeli (1804-1881)
Former Prime Minister of Great Britain*



As I bow out as the Michigan State Medical Society (MSMS) President, I'd like to tell you why MSMS continues to be so successful at a time when other state medical associations are floundering.

As an organization, MSMS is successful by any measure. In the past few years, our membership has soared from 11,000 to 14,000 physicians. That's a 27 percent increase when many other states are reporting declining membership. Also, MSMS's political action committee was judged by Michigan's media to be the most effective PAC in the state. Over 90 percent of MSMS's endorsed candidates were elected into office. As a group, our political clout is second to none. Further, our member-services subsidiaries are offering more products and services than ever before at great savings to you. Other state medical associations look to MSMS as a model for the right way to get things done.

What accounts for MSMS's success at a time when trends predict otherwise? It all comes down to one thing: Superior service. This is MSMS's "constancy to purpose." But service doesn't just happen. It has to be cultivated. It is the result of a multi-step process we go through every day that includes listening, taking action, and communicating results. MSMS takes its service culture seriously and works hard improving it.

You have to add synergy to the mix, too. Physician leaders and MSMS staff have developed a synergy for success. It's a synergy not

unlike a good physician/patient relationship. Synergy is a positive by-product of good relationships between people. It's characterized by mutual trust, respect, confidence, optimism, commitment, familiarity, and friendship. Synergy is a hidden effect that creates the passion for excellence and for reaching goals.

**"MSMS is aggressive
and straightforward
when it identifies
issues that need
fixing."**

What are MSMS's secrets of success?

Secret #1: Listening. Good leadership listens to its members (customers). MSMS leaders and management are serious about representing their members and listening to their problems and suggestions. This happens formally at standing meetings and informally through daily contact with physicians and MSMS staff.

Secret #2: Examining the issues. Issues are discussed and well researched. Then a strategy is developed after careful thought. MSMS thinks through the issues carefully before it takes action. MSMS has a reputation for credibility and profes-

sionalism in the legislative and policymaking arenas. Members also trust MSMS to develop and offer excellent, cost-effective products and services.

Secret #3: Taking action. MSMS is aggressive and straightforward when it identifies issues that need fixing. When legislative action is needed, MSMS is there talking face-to-face with key legislators and policymakers. In the area of member services, MSMS identifies and provides useful products and services for the benefit of physicians. With good judgment and commitment, actions bear fruit.

Secret #4: Communicating results. The results of all significant actions must be effectively and promptly communicated to reassure members that the right issues are being addressed in the right way. This communication must happen whether the outcome is successful or not. Excellent organizations know they must communicate poor outcomes, too. Adverse outcomes are allowable if the reasons are clear and the actions taken are supportable.

Secret #5: Empowering and respecting all. MSMS executive leaders Bill Madigan and Kevin Kelly hire excellent employees and treat them with respect, which means empowering them to make decisions and compensating them well. It creates an atmosphere of long-term commitment, which is necessary to sustain a service culture. I'm proud to say many MSMS employees have been with the organization for 20 years or more.

Continued on p. 47

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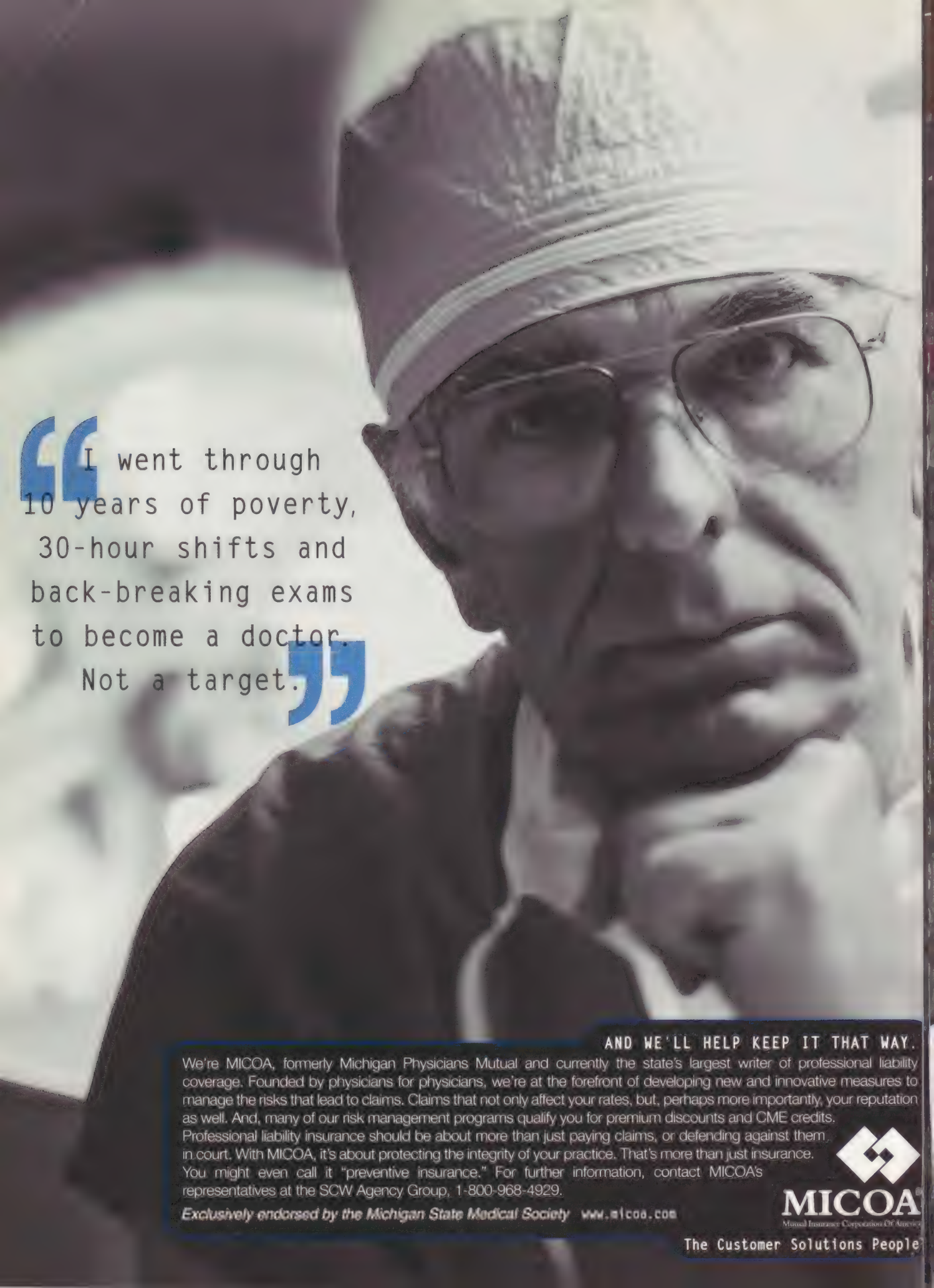


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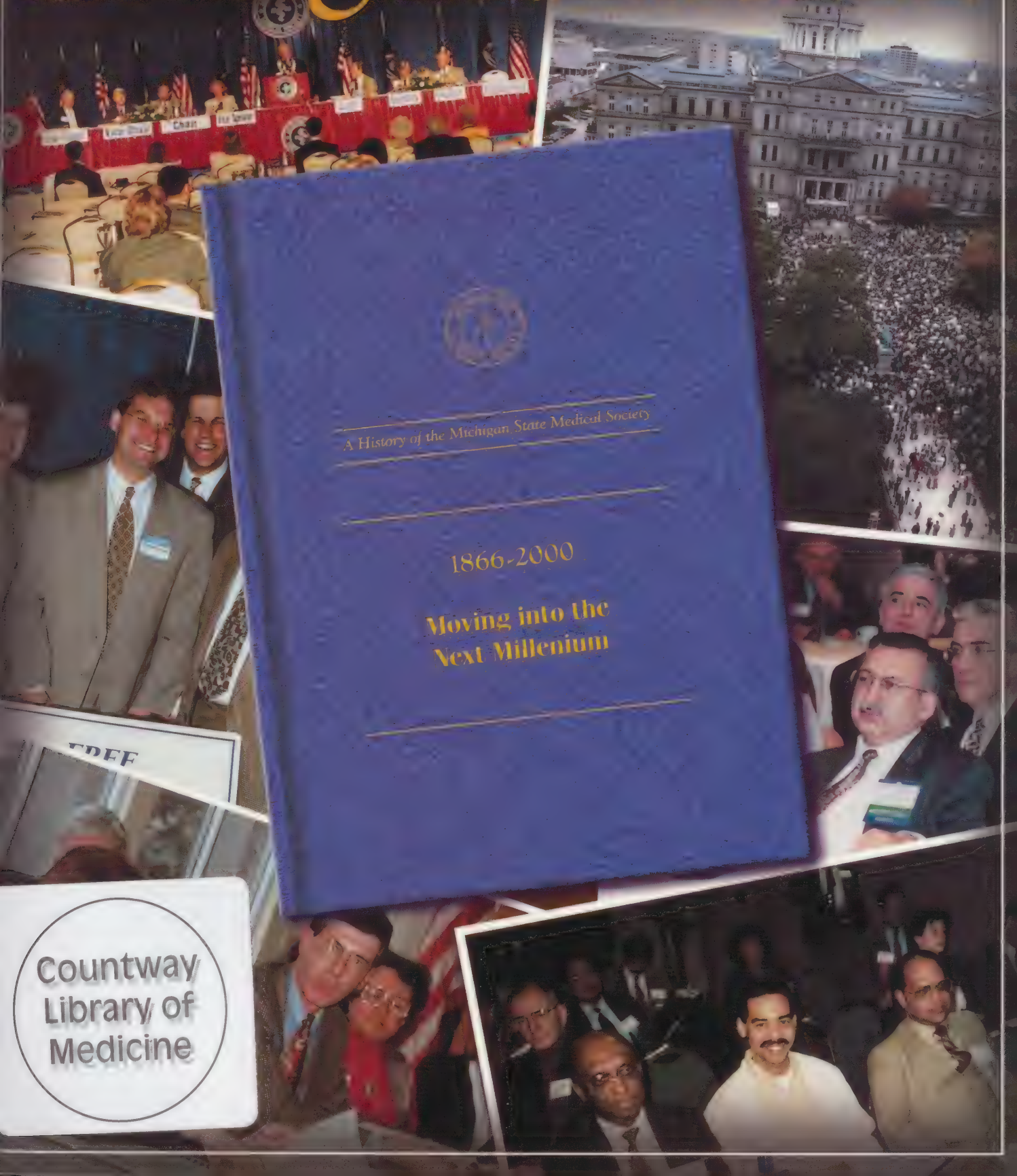
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A History of the Michigan State Medical Society

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Michigan State Medical Society Moving into the Next Millennium

INTRODUCTION

In the three and half decades since the original publication of this history, the Michigan State Medical Society has changed and grown exponentially - echoing the accelerating rate of change throughout the world at this time. The catalysts are the same - an increasingly complex and regulated society, a growing and ever-more-integrated population, the explosion of technological developments moving into the "information age," and medical/ethical dilemmas never dreamed of in earlier ages.

The pages that follow trace the currents of change, describe the official policy actions and reveal the intuitiveness of this dynamic Michigan State Medical Society. This updated history is dedicated to the committed, hard working leaders and staff who have so admirably carried the medical society from the mid-20th to the 21st century. The MSMS motto - "Leadership for physicians, advocacy for patients" - will carry it well into the decades to come in the new millennium.

FOREWORD



Organized Medicine Can Work, Does Work, Does Make a Difference!

by John J. Coury, MD
MSMS President—1972
AMA President—1986

Organized medicine—the American Medical Association plus state and county medical societies—is and always will be the only umbrella organization that can speak with authority for physicians, patients and quality medicine on a national, state, and local level. Organized medicine remains strong and viable, but it can be so only if physicians recognize their obligation, meet their responsibility, and become members of organized medicine.

When I entered the private practice of medicine in the early 50s, I questioned the importance of and was somewhat critical of organized medicine. I then accepted the challenge to “become involved and see for yourself.” Wow! What an eye opener I had, particularly when I became involved with MSMS. I soon realized how wrong and foolish I had been.

Having been involved in organized medicine for more than 40 years, I have been privileged to participate in an explosion of accomplishments by MSMS and AMA for the good of our patients and our profession.

Let me mention a few:

1. MSMS built a new headquarters building in the 60s, paid off the mortgage and refinanced the building. The investment from the refinancing created a financial base permitting us to hold dues steady for many years.

2. MSMS had a major role in reconciling the differences between doctors of medicine and doctors of osteopathy. This created respect for each profession, and allowed for training and working as a team to deliver quality medical care.
3. MSMS had the foresight and leadership in the early 70s to develop a very successful medical liability insurance program, which aided many physicians in Michigan to continue to practice medicine.
4. MSMS has been responsible for bringing about many tort law changes that bolster the practice of medicine. For example, the recent legislation that refines the qualifications of an expert witness, bringing more fairness to court procedures and removing most of the theatrics.
5. MSMS has been a nationwide leader in recognizing international medical graduates, creating membership opportunities, committee positions, House of Delegates representation, and with AMA and other societies, developing equal opportunities for IMGs.

It has been a most memorable last 50 years of this century with the explosion of so many advancements in the practice of medicine and the ability to deliver quality care, and I'm proud to be part of medicine's past and future.

ACKNOWLEDGEMENTS

MSMS wishes to express its sincere appreciation to the following individuals for their contributions: Warren F. Tryloff, former MSMS Director and author of this book, for his meticulous research and review of 35 years of MSMS history and masterful creation of this impressive historical record of the Michigan State Medical Society; William E. Madigan, current MSMS Executive Director, for his inspiration, support and guidance in making this endeavor possible; Sheri W. Greenhoe, Director of Communications, for her skillful and creative coordination and editing; Martin V. Hudson, Manager, Corporate Communications and Design, for his imaginative and attractive layout and design; Katie Brewbaker, former longtime MSMS employee, for her diligent and careful research; Claudia R. Skutar, MSMS Editor, for her thor-

ough and expert preparation of this history for publication; and Janet L. Lardie, Communications Coordinator, for her invaluable assistance with research.

Special recognition is extended to the following physician for their dedication to this undertaking and their indispensable leadership in making this historic document possible for the enlightenment and enjoyment of current and future generations of Michigan physicians: Jeffrey M. Jones, MD, Battle Creek, Chair of Committee on Scientific and Educational Affairs; John H. McLaughlin, MD, Birmingham, Chair of Committee on Publications; Kenneth H. Musson, MD, Traverse City, Chair of Board of Directors; Krishna K. Sawhney, MD, Farmington Hills, 1999 MSMS President, and Billy Ben Baumann, MD, 2000 MSMS President-elect.

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May/June 2000 Volume 99, Number 4

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The mission of the Michigan State Medical Society is to promote a healthcare environment which supports physicians in caring for and enhancing the health of Michigan citizens through science, quality, and ethics in the practice of medicine.

A History of The Michigan State Medical Society Moving into the Next Millennium

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MSMS EXECUTIVE DIRECTORS



William J. Burns
Executive Director 1935-1963

Mr. Burns was the first executive director of MSMS. During his tenure membership doubled to more than 7,000. Mr. Burns particularly enjoyed working with the "Big Look" Committee which selected Minoru Yamasaki as architect for the new MSMS headquarters, and served as oversight committee for its construction. He also developed outstanding education programs, legislative activity, liaison with Blue Cross Blue Shield, and component medical societies. Mr. Burns was first secretary of Michigan Medical Service (Blue Cross Blue Shield), and first secretary of the Michigan Health Council and of the Michigan Health Education Foundation. Mr. Burns died in 1983.



Hugh W. Brenneman
Executive Director 1964-1970

Hugh W. Brenneman is credited with organizing the Michigan medical profession's efforts to defeat a federal bill that would have created a socialized medical system. These efforts helped establish MSMS as a political force in the state and in the nation's capitol on behalf of good health. Mr. Brenneman expanded the role of the MSMS Committee on Legislation to include annual visits by Michigan MDs with Michigan's Congressional representatives. He formed MICH PAC and later started MDPAC, the first in the AMA political action committee network. Mr. Brenneman also produced and moderated weekly TV programs for MSMS for 14 years at WJBK-TV, Detroit and WJIM-TV, Lansing.



Warren F. Tryloff
Executive Director 1970-1984

Upon being appointed executive director of MSMS, Warren F. Tryloff implemented an external study resulting in the creation of three divisions within the organization. This resulted in expansion of socio-economic activities, business activities and direct advisory aid to physicians in their practices through a wholly-owned subsidiary, Physicians Service Group. At a time when liability premiums were soaring and available insurance coverage was declining, Mr. Tryloff directed the effort to create Michigan Physicians Mutual Liability Company. He also supervised construction of the Stockwell Building to accommodate the expanding MSMS staff and offices of the new insurance company. Mr. Tryloff retired in 1984.



Bruce W. Ambrose
Executive Director 1984-1987

Bruce W. Ambrose joined MSMS in 1970 and served as manager of the Department of Government Relations until he was named assistant director in 1983. In 1984 he was selected as executive director of MSMS. During his tenure, he established the Peer Review Organization of Michigan and the MSMS Group Insurance Trust. He also invigorated the Physicians Service Group's profit-making potential. Major challenges during that period included government-sponsored physician review, protection of MD interests during reorganization of Blue Cross Blue Shield of Michigan and new legislation related to professional liability issues. Mr. Ambrose died in 1999.

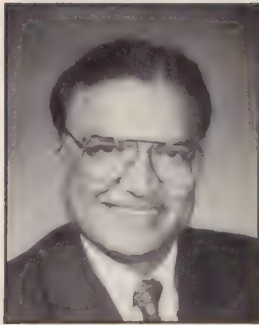


William E. Madigan
Executive Director 1988-present

Milestones of William E. Madigan's tenure to date include increasing membership nearly 50 percent in a dozen years when other state medical societies are seeing member numbers decline; growing MSMS subsidiaries; positioning MSMS both in the state and nation as one of the top medical societies in the country in its bid to get things done for doctors and patients; and expanding the reputation of MSMS as the unified voice of more than 14,000 Michigan physicians on everything from patient rights to timely payment. At the start of the 21st century, Mr. Madigan is channeling diverse energies into a strong and vital organization that can represent physicians and their patients on any front in health care.

MSMS Moving into the Next Millennium

1999 - 2000



Krishna K. Sawhney, MD

President:
President-Elect:
Past President:
Secretary:
Treasurer:
Speaker:
Vice-Speaker:

Board Chair:
Board Vice Chair:

Executive Director:
Managing Director:

Krishna K. Sawhney, MD, Bloomfield Hills
Billy Ben Baumann, MD, Pontiac
Cathy O. Blight, MD, Flint
Thomas R. Berglund, MD, Portage
AppaRao Mukkamala, MD, Flint
Dorothy M. Kahkonen, MD, Detroit
Paul O. Farr, MD, Grand Rapids

Kenneth H. Musson, MD, Traverse City
John M. MacKeigan, MD, Grand Rapids

William E. Madigan
Kevin A. Kelly

In an unprecedented move, on March 2, 2000, MSMS filed a lawsuit against Michigan's Department of Management and Budget for failing to comply with a Freedom of Information Act (FOIA) request for documents about the under-funded state Medicaid program. MSMS sought information about the Medicaid funding and operations to determine if the state is meeting federal requirements that Medicaid programs be funded to a level sufficient to ensure that quality health care is provided and to encourage physician participation. MSMS contends Michigan's Medicaid managed care program is under-funded to the point where reimbursements do not even cover the cost of providing care, thus forcing physicians to limit the number of Medicaid patients they can treat. In a letter to Governor Engler, MSMS emphasized its concern by stating, "MSMS is troubled by the arrogant manner in which the Agency has handled our FOIA request generally, and specifically with the Agency's failure to comply with the Act relative to the claim of privilege."

The pervasive problem of untimely payment from HMOs and other health insurance carriers for services rendered also has been a major concern of Michigan physicians. "If a physician performs a procedure, and the procedure is covered by the health plan, and if that claim is properly submitted, then the physician should be promptly paid," MSMS President Krishna K. Sawhney, MD, reasoned. MSMS physicians were urged to participate in a State Senate Health Policy Committee hearing on three bills that would penalize health plans and insurers for untimely payment.

MSMS also lent support to the Quality Health Care Coalition Act of 1999 being reviewed by the U. S. House Judiciary Committee. This bill increases the bargaining power of physicians against HMOs and insurance companies. It would make anti-trust laws apply to groups of health care professionals that are engaged in negotiations with HMOs and thus allow physicians to negotiate collectively with health plans regarding terms of patient care.

The AMA House of Delegates, at its June Annual Meeting, voted to develop a national negotiating organization for employed physicians and eligible residents that would enable doctors to

advocate more effectively on behalf of their patients. MSMS President Krishna Sawhney, MD, enthused, "This would give Michigan's physicians the advantage they now lack to guarantee that patient care comes before profits." The AMA Private Sector Advocacy group immediately implemented this directive. The MSMS Board of Directors, Organized Medical Staff, Resident and Student sections, and Corporate Affiliated Physician Committee will address this issue.

MSMS awaits the U.S. Supreme Court's ruling on *Pegram v. Herdrich*, the first case examining the issue of financial incentives to managed care physicians. The U.S. Court of Appeals had held that the existence of financial incentives to physicians could breach a fiduciary duty under ERISA. The AMA has taken the position that "merely signing a contract does not give physicians fiduciary responsibility. If a health plan is sued for decisions it made in regard to benefit determinations or administrative protocols, that suit is between the patient and the plan." The Court's decision is expected in the summer of 2000.

In 1999, the U.S. House of Representatives approved the Patients' Bill of Rights bill; however, it was expected it would con-

TIMELINE

- 2000 MSMS files Freedom of Information Act request with State to obtain Medicaid information.
- MSMS sues State Budget Office for non-compliance with FOIA request.
- MSMS creates Physician Insurance Resources which markets liability, health dental, life, auto and workers comp products.
- 1999 Membership soars to 14,750

front challenges in conference committee before reaching the Senate. MSMS urged all Michigan physicians to maintain the same type of grassroots effort that was instrumental in pushing the bill through the House to ensure passage in the Senate.

In the meantime, MSMS was delighted to learn that UnitedHealth Group, the nation's second largest health insurer, had announced it would return medical decision making back to the hands of physicians.

Effective November 17, the State of Michigan ruled that physicians are authorized, but not required, to delegate the prescribing on controlled substances to physician assistants and advanced practice nurses. It further ruled that a delegating physician is required to establish written authorization containing the names, license number and signatures both of the physician and PA/APN, exceptions, restrictions and effective date of the delegation. MSMS, which had opposed delegation of such prescription privileges, urged physicians wishing to delegate this authority to seek sound legal counsel regarding possible substantial legal exposure.

In 1999, The Michigan Supreme Court upheld the constitutionality of legislation regarding expert witness testimony. This was a victory for MSMS and medicine, which has maintained that certain qualifications are needed for expert witnesses.

MSMS launched two new subsidiaries in 1999, HealthCare Staffing Resources (HSR) and Physician Reimbursement Resources (PRR). HSR offers staffing and human resource management services in the Ingham-Eaton-Clinton-Jackson and Wayne-Oakland-Macomb Tri-county areas. PRR offers an array of consulting services for physicians and their office staff.

MSMS continued its expansion of computer services. A new Members Only web site, MyMSMSNET, was introduced providing access to information on CME courses, reports and surveys, and other benefits available only to MSMS members. MSMS and a new partner, HealthDirectory.com, teamed up to offer more Internet-based services to members, including a new online directory of member physicians and, due in summer of 2000, the Physician Locator to help members market their practices and enhance their patient and colleague communication networks.

As a result of discussions between MSMS, Michigan Osteopathic Association and Blue Cross/Blue Shield of Michigan, a BCBSM plan began to expand its physician input into medical policy, such as: increasing the use of online prescribing information, expanding focused procedures, and developing coding accuracy initiatives.

Two Michigan physicians were elected to AMA positions:

- MSMS Past President Susan H. Adelman, MD, Southfield pediatric surgeon was elected to the AMA Board of Trustees
- AppaRao Mukkamala, MD, Flint radiologist, was elected chair of the AMA International Medical Graduates Section

MSMS membership continued its steady climb growing to 14,750.

David H. Gilbert, MD, of Mohawk, expressed his heartfelt thanks and appreciation to the MSMS Board of Directors for choosing him recipient of the 1999 Frederick and Besse Moulton Plessner Memorial Award.

1998-1999



Cathy O. Blight, MD

President:
President-Elect:
Past President:
Secretary:
Treasurer:
Speaker:
Vice-Speaker:

Board Chair:
Board Vice Chair:

Executive Director:
Managing Director:

Cathy O. Blight, MD, Flint
Krishna K. Sawhney, MD, Taylor
Peter A. Duhamel, MD, Rochester
Thomas R. Berglund, MD, Portage
Billy Ben Baumann, MD, Pontiac
Dorothy M. Kahkonen, MD, Detroit
Paul O. Farr, MD, Grand Rapids

Kenneth H. Musson, MD, Traverse City
John M. MacKeigan, MD, Grand Rapids

William E. Madigan
Kevin A. Kelly

TIMELINE

- 1998 Physician Holding Company becomes umbrella for MSMS subsidiaries
MSMS launches Medical Business Specialist Certification Program
MSMS subsidiaries make impressive business strides
MSMS Foundation introduces "Legacy" campaign to encourage donations, bequests and endowments

Many groups across Michigan endorsed candidates for statewide, congressional and local offices. Grassroots efforts by MDPAC and Alliance members paid off when they were ranked number one on a list of Michigan organizations whose endorsed candidates were elected to public office in the November 3 general election. Ninety-six percent of endorsed candidates were successful.

MSMS also strongly supported the following legislation which passed both Houses in 1998: A requirement that health plans cover true emergency services without prior authorization; prohibition of existing gag clauses in health plan contracts; extended peer review immunity to physicians' groups; health plans to be required to allow women direct access to OB/GYN for certain services; prohibition of tobacco advertising on billboards. MSMS and Alliance members were especially active in a Lansing gathering on May 13 where hundreds met to get acquainted with their local legislators.

In 1998, MSMS was in the public eye as never before with more than 800 calls from news reporters and nearly two dozen news conferences on a variety of topics, including physician-assisted suicide, nurse practitioner scope of practice, federal patients' Bill of Rights, Hospice Awareness and End-of-Life Care, and managed care accountability. In addition, scores of op/eds and letters to the editor were also printed in newspapers across the state.

Also this year, the House of Delegates took action on 115 resolutions. Those calling for action at the national level were forwarded to the American Medical Association by the Michigan Delegation. The delegation increased from 24 to 28 memberships this year, due to an increase in AMA members in Michigan, and to an increase in the percentage of members among all MSMS members.

At the House of Delegates, the MSMS Foundation launched its new "Legacy" campaign which was designed to encourage major donations, bequests and endowments. To date, nearly \$100,000 had been pledged to the Foundation. Grants awarded by the Foundation in 1998 totaled \$32,000.

The Department of Medical Economics and Health Care Delivery had a successful year marked by positive collaboration and enhanced communication with some of Michigan's biggest economic influences. Early in 1998, MSMS launched the Michigan Institute for Medical Quality, a resource center for physicians on quality of care issues and also a means of reaching other organizations interested in quality measurement. The focus is on education, community outreach, and research.

In addition to liaison with third party payers, an MSMS Liaison Committee with General Motors was created to provide an avenue for discussion of and collaborations on health care issues affecting the large employee population for GM.

Few state medical societies in the nation enjoyed rising membership, but MSMS experienced just that in 1998 due to valuable, innovative benefits and services as well as strong recruiting programs. Membership grew to 14,500 - an all-time high and an 8.5 percent increase over 1997. Its rolls totaled 12,398 AMA/MSMS members, a number that placed Michigan in the top two states for AMA membership growth. Also increasing was participating in all

House of Delegates membership sections: Young Physicians, International Medical Graduates, Residents, Women Physicians, and Organized Medical Staff.

In response to the demonstrated need for increased education opportunities and practice management guidance, MSMS redoubled its efforts in 1998 to bring cutting edge educational programming to meet the needs of physicians in all practice types. The Risk Management division developed new recommendations for handling medical records and cosponsored a major conference on breast cancer where diagnosis and treatments issues were discussed as well as guidelines on how to reduce liability risks.

A wide array of continuing medical education opportunities were provided, including the premiere continuing education event, the Annual Scientific Meeting, where a variety of programs drew 400 participants and 120 faculty. A Palliative Care Conference and the annual Maternal and Perinatal Health Conference were also held this year. The business side of medicine was not overlooked as 2,000 physicians attended programs on evaluation and management coding, fraud and abuse, managed care contracting, and capitation.

Launched in 1998, the MSMS Medical Business Specialist Certification Program offered courses on coding, collections, insurance, patient satisfaction, and office skills for medical office staff. Participants could apply for certification in this program.

An Institute on Medical Informatics was also launched at the 1998 Technology in Medicine Symposium in conjunction with the 1998 Scientific Meeting.

MSMS subsidiaries made impressive business strides in 1998 as well. They benefited all members by providing products and services for physicians' most complex business needs. The Physician Holding Company was a wholly owned subsidiary serving as an umbrella for five other MSMS subsidiaries: Physician Service Group (PSG); Group Insurance Trust (GIT); The Medical Advantage Group, which provided consulting services to more than 30 health plans and hospitals; Professional Credential Verification Services, which is fully certified acquiring 10 new contracts in 1998, including three HMOs signing in the fourth quarter; and The Physicians Review Organization of Michigan (PROM), which provided objective external review to help maintain high standards while retaining the art of physician judgment. PROM reviewed 1,000 records for over 20 hospital clients and several managed care organizations. A new, two-year contract with Blue Cross/Blue Shield of Michigan was signed in 1998.

Specialized Language Development Center was one of many health promotion projects throughout Michigan which benefited from physicians' gifts to the MSMS Foundation. Foundation presi-

1997 MSMS adopts AMA policy statement on assisted suicide and approves MSMS position physician on "Appropriate End of Life Therapy"
MSMS establishes Michigan Institute of Medical Quality
Michigan Patient Bill of Rights legislation passes
MSMS Center for Physician Education established

dent Robert E. Paxton, MD, said, "Your gift ensures your place in the long-standing tradition of physicians caring for their communities and the well-being of the states' citizens."

Donald D. Finlayson, MD, of Brimley, was chosen recipient of the 1998 Frederick and Besse Moulton Plessner Memorial Award.

Finally, two Michigan physicians were elected to AMA positions: MSMS Past President Susan H. Adelman, MD, a Southfield pediatric surgeon, was elected to the AMA Board of Trustees. AppaRao Mukkamala, MD, a Flint radiologist, was elected chair of the AMA International Medical Graduates Section.

1997-1998



Peter A. Duhamel, MD

President:
President-Elect:
Past President:
Secretary:
Treasurer:
Speaker:
Vice-Speaker:

Board Chair:
Board Vice Chair:

Executive Director:
Managing Director:

Peter A. Duhamel, MD, Rochester
Cathy O. Blight, MD, Flint
W. Peter McCabe, MD, Grosse Pointe Shores
Thomas R. Berglund, MD, Portage
Billy Ben Baumann, MD, Pontiac
Dorothy M. Kahkonen, MD, Detroit
Paul O. Farr, MD, Grand Rapids

Krishna K. Sawhney, MD, Detroit
Kenneth H. Musson, MD, Traverse City

William E. Madigan
Kevin A. Kelly

The House of Delegates declared MSMS a vital organization and a leader among state medical societies, particularly because we are growing in membership. That growth comes because we are meeting the needs of our members. How are we doing that? Through the creation of Michigan Medical Advantage, passage of the Michigan Patient Bill of Rights, holding back expansion of scope of practice, fighting for quality in the Medicaid capitation plan, raising immunization rates in Michigan infants, health data collection, presentation of physician education programs, self-analysis of our structure and election process, creation of the AMA International Medical Graduate Section, and membership at an all time high.

Membership in MSMS was on the rise again in 1997. On December 1, the roster numbered more than 13,500 doctors. The growth was due, in large part, to the Peer-to-Peer Recruitment Campaign, during which doctors talked with their non-member colleagues about the values of organized medicine. MSMS is top among state medical societies in successful recruitment efforts.

The Michigan Institute of Medical Quality was created by MSMS in 1997. Its goal was: 1) to seek collaboration between doctors, managed care groups, large employers, and business coalitions to show that patients are getting the best possible care for the dollar; and 2) to seek resources and expertise from universities, private vendors, and large medical groups which have quality improvement programs underway.

On November 11 MSMS conducted the Physician/Business Coalition Leadership Summit. Its purpose was to bring doctors and business leaders together. The group reviewed efforts taking place between doctors and business leaders in Michi-

gan communities. The group also noted MSMS resources available to communities, including two special annual reports, the MSMS evaluation of Michigan Health Plans, which is published each Spring, and Hospital Financial Information in Brief, first published in September of 1997.

Doctors and Alliance members helped their communities, too. Members of the organizations sponsored the first Doctors and Their Families Make a Difference Day. Its purpose was to encourage further study as well as to highlight volunteer activities which doctors and their families perform for their communities.

MSMS was also an advocate for doctors on practice management. In October, Michigan Medical Advantage successfully completed its initial stock sale, raising money to operate and grow the business that provides practice management services, assistance with contracts, and many other services to doctors in groups, networks, and physician-hospital organizations.

TIMELINE

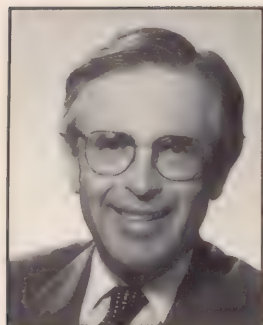
- 1997 MSMS and the Alliance sponsor first "Doctors and Their Families Make a Difference Day"
Membership reaches 13,500
- 1996 MICHIGAN MEDICINE and MEDIGRAM get new format
MSMS forms Michigan Medical Advantage – an independent management services organization

The Frederick and Besse Moulton Plessner Memorial Award in 1997 went to Charles R. Zimont, MD, of Constantine.

Other MSMS accomplishments in 1997 included: the Michigan Patient Bill of Rights, which took effect October 1; the first Mackinac Island Conference on Bioethics; the development of

the Committee of Hospice Medical Directors; the establishment of the MSMS Center for Physician Education; the development and endorsement of a uniform credentialing form; and health promotion projects in Michigan communities funded through the MSMS Foundation.

1996-1997



W. Peter McCabe, MD

President:
President-Elect:
Past President:
Secretary:
Treasurer:
Speaker:
Vice-Speaker:

Board Chair:
Board Vice Chair:

Executive Director:
Managing Director:

W. Peter McCabe, MD, Grosse Pointe Shores
Peter A. Duhamel, MD, Rochester Hills
B. David Wilson, MD, Kalamazoo
Thomas R. Berglund, MD, Portage
Billy Ben Baumann, MD, Pontiac
Dorothy M. Kahkonen, MD, Detroit
Paul O. Farr, MD, Grand Rapids

Krishna K. Sawhney, MD, Detroit
Kenneth H. Musson, MD, Traverse City

William E. Madigan
Kevin A. Kelly

The MSMS House of Delegates gave the go-ahead this year for the set-up of an independent management services organization called Michigan Medical Advantage. That approval followed three years of a careful MSMS marketplace study to analyze how best to help doctors thrive under managed care. President Peter W. McCabe, MD called the start-up, which began in May, "An ideal opportunity for physicians to stay in the driver's seat." MMA continued building its menu of services as well as hiring experts to aid doctors in every aspect of medical practice.

In December, MMA formed a strategic partnership with Michigan Physicians Mutual Liability Company. The insurer, itself a successful multi-million dollar MSMS start-up venture, purchased 20 percent of MMA. This provided a stable capital base which MMA was to use to launch itself as a public company in the first half of 1997. MMA also planned to sell stock to doctors to make it a company not only created by and for doctors, but owned by them as well.

Also in December, the AMA put real strength into its proclaimed support of international medical graduates (IMGs) when it approved the first-ever AMA Section for IMGs. The vote was a victory for Michigan physician leaders who had pushed for an AMA IMG section for nearly 10 years. It was also great news for MSMS member Busharat Ahmad, MD, a Monroe ophthalmologist who is also a member of the AMA's Council on Long-Range Planning and Development.

"This is a very happy day for me and all IMGs," said Doctor Ahmad, general chair of the IMG Section campaign, as he thanked the AMA House immediately following its vote. "I promise you

we will accomplish all we have agreed to, particularly our membership goals."

After the first rejection of an IMG section in 1987, Doctor Ahmad returned home to form a Michigan section. The MSMS IMG section's record in increasing participation and membership played a major role in acceptance finally of an AMA section this year. MSMS member AppaRao Mukkamala, MD, a Flint radiologist and chair of the AMA IMG Caucus, led the campaign's efforts with the national organization.

MSMS and its members carried considerable clout in organized medicine because of their strong representation in the AMA. This year, MSMS Past President Susan H. Adelman, MD, sought a seat on the AMA Board of Trustees.

AMA leaders from Michigan:

- Susan H. Adelman, MD
AMA Council on Medical Service
President, Organization of State
Medical Association Presidents

MSMS instrumental in AMA's approval of IMG Section

MSMS creates special new membership "part-time" category for physicians who work less than 20 hours per week

1995 *MSMS ranks among Michigan's top-10 most effective single-interest lobbying organizations*

- Busharat Ahmad, MD
AMA Council on Long-Range Planning and Development
- Cathy O. Blight, MD
AMA Federation Coordinating Team
- Gilbert B. Bluhn, MD
Managed Care Partnership
- Steven L. Chen
Ann Arbor, MI (Student)
Council on Medical Service
- John J. Coury, MD
AMA Past President
- Ronald M. Davis, MD
Chair, Specialty and Service Society
AMA Council on Scientific Affairs
- John W. Hall, MD
Physician Performance Assessment
Advisory Council

- Kevin A. Kelly
AMA Washington Advisory Committee
AAMSE Federation Membership Committee
- William E. Madigan
Federation Advisory Committee to the
Executive Vice President
Chair, AMA Litigation Center Executive Committee
- AppaRao Mukkamala, MD
Chair, AMA IMG Caucus
- Krishna K. Sawhney, MD
Federation Coordinating Team
- Marguerite R. Shearer, MD
Chair, AMA Women's Caucus
Managed Care Partnership
- Dawn L. Springer, MD
Practice Parameters Study

In 1996, the MSMS Board of Directors named Miriam S. Daly, MD, of Albion, winner of the much coveted Frederick and Besse Moulton Plessner Memorial Award. Doctor Daly is the first woman to receive this honor.

1995-1996



B. David Wilson, MD

President:
President-Elect:
Past President:
Secretary:
Treasurer:
Speaker:
Vice-Speaker:

Board Chair:
Board Vice Chair:

Executive Director:
Managing Director:

B. David Wilson, MD, Kalamazoo
W. Peter McCabe, MD, Grosse Pointe Shores
Jack L. Barry, MD, Saginaw
Thomas R. Berglund, MD, Portage
Billy Ben Baumann, MD, Pontiac
Gary D. Maynard, MD, Kalamazoo
Dorothy M. Kahkonen, MD, Detroit

Peter A. Duhamel, MD, Rochester
Krishna K. Sawhney, MD, Bloomfield Hills

William A. Madigan
Kevin A. Kelly

MSMS made a major move into the computer and information age in 1995 through the launch of its own web site, MSMSNET. MSMSNET received 2,000 visits weekly this year, and this communication innovation showed that MSMS definitely strengthened communications with members when its World Wide Web page was unveiled at the May House of Delegates meeting. President B. David Wilson, MD called the development one of the top successes of the year. "It is more important now than ever in the history of organized medicine that doctors join

TIMELINE

- 1995 MSMS holds its first regional scientific meeting
MEDIGRAM goes online
MSMS launches its website, MSMSNET
- 1994 MSMS creates County Medical Society Executives support group

together to determine their future," said Doctor Wilson. "Michigan doctors seem to understand this as MSMS membership is at an all-time high of 12,210." Doctor Wilson outlined other MSMS successes of the year including:

- Legislative retention of joint and several liability for all parties in a medical liability lawsuit.
- Development of MSMS Group Insurance Trust stop-loss insurance program to aid doctors under capitation.
- Start of health plan evaluation.
- Distribution of more than 150,000 copies of durable power-of-attorney for health care forms.
- First MSMS regional scientific meeting held.
- More than 30 "Making the Rounds" programs conducted for hospital medical staffs around the state.
- Ranked in the top 10 of the state's most effective single interest lobbying organizations.

Data gathered on the more than 800 members who joined MSMS during 1995 revealed an interesting contrast to the traditional belief that most were older male physicians. More than 26 percent of new members were female, and nearly 70 percent were under the age of 40.

Immediate Past President Jack L. Barry, MD said in his exaugural address that he was most interested and excited about the new Corporate Affiliated Physicians Committee. A 1994 resolution called on MSMS to support all physicians in their dedication to provide high quality care regardless of their means of employment. Doctor Barry had been involved with the committee

since its inception. At the group's first meeting it developed a list of interests and concerns that would take a lot of time to work out. "But," said Doctor Barry, "I think this is one more example of how MSMS reaches out to all physicians and brings them under the MSMS umbrella."

Maurice E. Hunt, MD, of Fairgrove, was chosen recipient of the prestigious Frederick and Besse Moulton Plessner Memorial Award in 1995.

The MSMS Board and House acted on several issues: a report recommended that there be a category created for part-time members to be defined as "physicians who work less than 20 hours per week." It also recommended that they only be required to pay one-half of the annual active membership dues. All membership benefits would apply, and the trial term would run from 1996 to 1998, when the Board would review its effectiveness.

The new Liaison Committee with Third Party Payers was created by the Board in November 1994. Its purpose was to help redefine the society's relations with third party payers by strengthening MSMS' stance as a physician advocate.

New formats for both MEDIGRAM and MICHIGAN MEDICINE were developed in 1995 for a January 1996 launch. The changes were intended to make the publications more visually appealing and focuses on the individual member.

1994-1995



Jack L. Barry, MD

President:	Jack L. Barry, MD, Saginaw
President-Elect:	B. David Wilson, MD, Kalamazoo
Past President:	Gilbert B. Bluhm, MD, Detroit
Secretary:	Thomas R. Berglund, MD, Portage
Treasurer:	Billy Ben Baumann, MD, Bloomfield Hills
Speaker:	Gary D. Maynard, MD, Kalamazoo
Vice-Speaker:	Dorothy M. Kahkonen, MD, Detroit
Board Chair:	W. Peter McCabe, MD, Grosse Pointe Woods
Board Vice Chair:	Peter A. Duhamel, MD, Rochester
Executive Director:	William E. Madigan
Assistant Executive Director:	Kevin A. Kelly

MSMS' 22-member delegation to the AMA had an outstanding year, capped by the re-election of Frank B. Walker, MD to a full three-year term on the AMA Board of Trustees. Michigan had maintained a continuous presence on the AMA Board since 1976.

	Health Professional Recovery Act enacted to assist impaired medical and health professionals
1993	MSMS develops member communication plan re President Clinton's health care reform program
	MSMS organizes 40-member domestic violence coalition
	Physician Organization and Management Services division formed by MSMS

In its annual report to the Michigan House of Delegates, the MSMS Alliance reported that the continuing focus of the group was the theme of violence in America; specifically, preventing gun injuries in children. The Alliance received a \$10,000 partnership grant to produce three five-minute videos for hospital emergency waiting rooms, doctor's offices, and health clinics. The Alliance also submitted a resolution to the legislature declaring a week in April as "Gun Awareness Week." Members raised over \$27,000 for the AMA-Education Relief Fund, as well as thousands of dollars for local and community projects.

Health Education Foundation President Robert E. Paxton, MD reported 1993 grants as follows: City for Youth, support of \$10,000 for production and distribution of health lifestyles videos to all Michigan middle schools; Project Compassion, support of \$2,180 for training of minority women in the field of long-term nursing assistants; Care Givers, \$2,000 for training of respite care volunteers; Council of Michigan Foundations - MI AIDS Fund, \$2,000. This was in addition to the revolving Loan Fund for Impaired Physicians.

The new Health Professional Recovery Act promised to save medical careers and aid physicians' recovery. Under the law, pro-

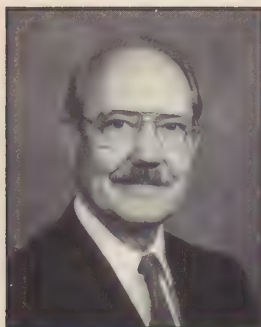
fessionals may seek treatment for substance abuse problems through a confidential, rehabilitation-track program separate from the licensing and discipline process. According to Charles F. Gehrke, MD, head of the Committee to Assist Impaired Physicians, "The new legislation really changes the way impaired health care professionals are dealt with by the Board of Medicine. The approach will be nondisciplinary, and directed instead toward identifying and treating impaired professionals."

Many of the county medical societies faced similar problems and the same concerns this year. In order to deal with these, the executive directors formed a support group in August 1994 called the County Medical Society Executives.

Early in the year, MSMS tested video-conferencing and then put it to use at the November MSMS Board of Directors meeting. The video-conference linked the Board in East Lansing to AMA President-Elect Lonnie R. Bristow, MD who was speaking at the Wayne County Medical Society in Detroit.

In 1994 the MSMS Board of Directors announced it had chosen Adelbert L. Stagg, MD, of Hartford, for the Frederick and Besse Moulton Plessner Memorial Award.

1993-1994



Gilbert B. Bluhm, MD

President:
President-Elect:
Past President:
Secretary:
Treasurer:
Speaker:
Vice-Speaker:

Gilbert B. Bluhm, MD, Detroit
Jack L. Barry, MD, Saginaw
Thomas C. Payne, MD, East Lansing
Thomas R. Berglund, MD, Portage
Billy Ben Baumann, MD, Pontiac
Gary D. Maynard, MD, Kalamazoo
Dorothy M. Kahkonen, MD, Detroit

Board Chair:
Board Vice Chair:

W. Peter McCabe, MD, Grosse Pointe Woods
Peter A. Duhamel, MD, Rochester

Executive Director:
Assistant Executive Director:

William E. Madigan
Kevin A. Kelly

Anticipating release of a major health system reform by President Bill Clinton, MSMS developed a communication plan to get information out to doctors quickly so they could talk with interested parties about what reforms were needed. Since doctors and patients are the basis of any health system, MSMS focused on physician offices as a natural place to distribute information. More than 65,000 "Think About It" bookmarks were distributed to doctors and patients. The bookmarks featured 10 questions to consider about any health system reform. More than 1,500 "Think About It" posters were sent to doctors for waiting room display. The campaign was to continue in 1994.

TIMELINE

- 1992 RBRVS payment system mandated for Medicare reimbursement
MSMS Group Insurance Trust expands its health insurance program
MSMS holds series of physician assisted suicide forums—broad spectrum of groups participate
- 1991 Hagadorn, Inc. dedicated

Well before President Clinton took office this year, MSMS was working to put doctors in a favorable position to lead health system reform. Since systemic reform was impending, doctors needed to be at the forefront of any changes. In May, MSMS drew together 80 doctors from around the state to learn about creating physician organizations (POs) and physician-hospital organizations (PHOs) because these organizations would help them take the lead in shaping health system reform.

At the same time, MSMS announced a new division called Physician Organization and Management Services, which was created to provide consultant expertise in forming and administering POs and PHOs. The division maintained a select network of attorneys, certified public accountants, business and tax advisors, strategic planners and others to help physicians in developing plans. Throughout 1993, experts made hundreds of presentations and held a second major conference on plan development in September. "Organize or risk being organized," was the message health system reform experts told the nearly 275 doctors and health professionals who attended.

This year, a 40-member coalition organized by MSMS announced a new program aimed at reducing domestic violence through improved detection and intervention by health care professional. Centerpiece of the program was a 70-page handbook detailing how professionals could improve their ability to recognize and treat patients who may be victims of spouse abuse.

The hand, "Reach Out: Intervening in Partner Abuse", covered how to talk to patients, diagnosis, documentation and inter-

vention. "Battering is the single major cause of injury to women, and accounts for more than half of all female homicides," said Thomas C. Payne, MD, a Lansing radiologist and spokesman for the MSMS Task Force on Family Violence.

MSMS historically had faced up to the problem of physician substance abuse, and had offered a number of effective programs. Its Committee to Assist Impaired Physicians dated back to 1980. More recently, the clinical aspects had been handled by the MSMS Physician's Recovery Network. The Network developed treatment and recovery options for impaired physicians. In the past, there were strong disincentives to seeking or encouraging treatment. Michigan law offered no option other than disciplinary action, which could well mean loss of license. Now, however, a new law, developed with input from MSMS, offered a third alternative: confidential, non-disciplinary treatment. The law went into effect in April 1994.

The AMA auxiliary reported it had approved changing its name to the AMA Alliance. This move was unanimously endorsed by the Michigan delegation and a similar resolution was presented to the next MSMS House of Delegates. If approved, the new name would read, "Michigan State Medical Society Alliance, physicians' spouses caring today for a healthier tomorrow."

Members of the Saginaw County Medical Society were pleased to learn that their colleague, James F. Shetlar, MD, of Frankenmuth, was chosen 1993 recipient of the prestigious Frederick and Besse Moulton Plessner Memorial Award.

1992-1993



Thomas C. Payne, MD

President:
President-Elect:
Past President:
Secretary:
Treasurer:
Speaker:
Vice-Speaker:

Thomas C. Payne, MD, East Lansing
Gilbert B. Bluhm, MD, Detroit
Robert D. Burton, MD, Grand Rapids
Thomas R. Berglund, MD, Portage
Billy Ben Baumann, MD, Pontiac
Robert D. Allaben, MD, Detroit
Gary D. Maynard, MD, Kalamazoo

Board Chair:
Board Vice Chair:

Jack L. Barry, MD, Saginaw
W. Peter McCabe, MD, Grosse Pointe Woods

Executive Director:
Assistant Director:

William E. Madigan
Kevin A. Kelly

A great deal of effort went into monitoring and influencing legislation this year. In addition to medical liability reform, MSMS lobbied the Legislature on behalf of many other issues. Two scope of practice expansion bills - chiropractic and optometry - were side-tracked due to MSMS opposition. The bills died at the end of the legislative session. MSMS opposition and member testimony also helped defeat bills to require mandatory AIDS testing for physicians.

Michigan Supreme Court medical liability decision is victory for physicians

MSMS participates in development of Michigan Medical Reform Coalition

MSMS establishes Abbott Press - its own in-house printing operation

1990 *First woman president of MSMS installed*

A bill requiring informed consent for abortions was defeated, along with no-fault auto insurance reform, which would have required physician fee schedules based on worker's compensation fee schedules. MSMS supported a bill which became law, exempting physicians from triplicate prescriptions for anabolic steroids. And the Governor signed into law a bill making specific legal clarifications sought by MSMS in creating a state centralized physician credentialing service. Its passage gave the final go ahead to MSMS, in conjunction with MHA and MAOPS to establish the service. The resulting information was to be shared with the AMA National Credentials Verification Service.

President Thomas C. Payne, MD, led the MSMS effort to increase physician awareness of family violence and what they can do to combat it. MSMS initiated community forums to share information on family violence services. Participants included representatives from hospitals, law enforcement agencies, women's groups, legal groups and others interested in this issue.

MSMS also held its second forum on physician-assisted suicide this year. The forums, which drew representatives from a broad spectrum of groups, began in 1991 to advance public dialogue on the issue. Some of the groups represented included Right to Life of Michigan, the Michigan Hemlock Society, Hospice of Michigan, the Michigan Hospital Association, the Nurses Association, American Civil Liberties Union, and state legislators.

MSMS also called for a moratorium on any physician-assisted suicide in Michigan until some kind of consensus could be reached by all segments of society, and not just physicians. A temporary ban on assisted suicide became law, but MSMS Legal Counsel Richard Weber said the law "should not interfere with the practice of good medicine, including pain management."

In 1992, education courses on practice management were offered to physicians in more than 150 days of practice management and risk management courses.

The Group Insurance Trust, which administers health and dental benefits for 8,400 physicians and their employees, expanded its health insurance program to include group as well as individual coverage. The Trust handled about 17,000 phone calls on its services in 1992.

Two ombudsmen, one for peer review organization issues and one for regulatory compliance issues, were established by MSMS to aid members in these areas.

MSMS also conducted two direct mail campaigns to 4,800 non-members. Free copies of MEDIGRAM were sent for one month to demonstrate the benefits of membership and to encourage them to join MSMS.

1992 recipient of the Frederick and Besse Moulton Plessner Memorial Award was Joseph F. Baron, MD, of Laurium.

1991-1992



Robert D. Burton, MD

President:
President-Elect:
Past President:
Secretary:
Treasurer:
Speaker:
Vice-Speaker:

Robert D. Burton, MD, Grand Rapids
Thomas C. Payne, MD, East Lansing
Susan H. Adelman, MD, Detroit
Thomas R. Berglund, MD, Portage
Billy Ben Baumann, MD, Pontiac
Robert D. Allaban, MD, Detroit
Gary D. Maynard, MD, Kalamazoo

Board Chair:
Board Vice Chair:

Jack L. Barry, MD, Saginaw
W. Peter McCabe, MD, Grosse Pointe Woods

Executive Director:
Assistant Director:

William E. Madigan
Kevin A. Kelly

In 1991, MSMS participated in the development of the Michigan Medical Reform Coalition, which consisted of more than 50 organizations representing health care, business, and other groups. The coalition, spearheaded by MSMS, worked to increase public awareness of how the state's liability climate increases health care costs while decreasing access to health care. The group released a 15-minute video on medical liability for use by physicians in educating the public.

TIMELINE

- 1990 MSMS adds BCBMS/Medicare ombudsman to staff to assist members
- MSMS launches "Caring Campaign"
- MSMS promotes use of advance directives such as durable powers of attorney, living wills, etc.
- 1989 House of Delegates approves International Medical Graduates Section

A unanimous Michigan Supreme Court decision in October scored a significant medical liability victory for Michigan physicians. Their ruling serves to aid defendants in medical liability disputes so they can obtain information for their defense from a plaintiff's other treating physicians. The decision assured that a defense attorney can conduct an *ex parte* interview rather than a formal costly formal deposition to obtain information from a plaintiff's other physicians.

A unique risk management program targeting medical students got underway at Michigan State University. MSMS and Michigan Physicians Mutual Liability Company developed the lunch time program to help physicians-in-the-making increase their awareness of risk management.

Beginning in January 1992, physicians were required by federal law to use the resource-based relative value scale (RBRVS) payment system to submit claims for Medicare reimbursement. The system was complex, and included many changes from the old system. MSMS published a special report on RBRVS to help physicians with the transition into the new system. In addition, MSMS offered 18 training seminars held in January, February and March, to teach physicians and office staffs about the new system.

The Board of Directors strengthened its 1990 position on assisted suicide by adopting AMA policy which stated, in essence, that

physicians must not perform euthanasia or assisted suicide. MSMS convened a statewide forum to initiate discussion on the issue.

Duane L. Water, MD, of Manistique, became the first physician from the Upper Peninsula to be recipient of the highly prestigious Frederick and Besse Moulton Plessner Memorial Award. Doctor Waters received his award at the 1991 House of Delegates.

Executive Director William E. Madigan was named to a special advisory committee to AMA Executive Vice President James S. Todd, MD. Madigan was one of four state medical society executives appointed to serve on the committee, which meets quarterly.

In August, the AMA began a series of ads targeted directly to 73 million Americans. The physicians pictured in the ads - which ran in Time, Newsweek, and US News and World Report - presented profiles of AMA physicians making a difference. The goal of the ads was to demonstrate to members, non-members and the public that the AMA was meeting its obligation as advocate of the medical profession, demonstrating to all the quality of physicians that belong to the AMA.

Also this year, MSMS established its own in-house printing operation, Abbott Press, to streamline internal operation cost and efficiency while providing printing services to physicians and county medical societies.

1990-1991



Susan H. Adelman, MD

President:
President-Elect:
Past President:
Secretary:
Treasurer:
Speaker:
Vice-Speaker:

Board Chair:
Board Vice Chair:

Executive Director:
Assistant Director:

Susan H. Adelman, MD, Detroit
Robert D. Burton, MD, Grand Rapids
Robert E. Paxton, MD, Fremont
Thomas R. Berglund, MD, Portage
Billy Ben Baumann, MD, Pontiac
Robert D. Allaben, MD, Detroit
Gary D. Maynard, MD, Kalamazoo

Jack L. Barry, MD, Saginaw
W. Peter McCabe, MD, Grosse Pointe Woods

William E. Madigan
Kevin A. Kelly

In May 1990, Pediatric Surgeon Susan H. Adelman, MD was installed as president of MSMS. Doctor Adelman was the first woman to serve in the position.

MSMS priorities for 1990 were approved by the Board and included patient advocacy, professionalism, community service and quality care, health care cost containment, and chemical dependency. The latter would be a major initiative for 1990, with a focus on prevention and treatment of drug abuse through recognition of early signs, treatment protocols, treatment facilities, and

appropriate follow-up care.

Efforts to influence the passage of bills affecting physicians were successful in several areas. One facet of the right-to-die issue received legislative sanction with the passage of a durable power-of-attorney bill. The MSMS-backed bill gives individuals the right to state their medical treatment wishes in advance of

MSMS wins enactment of pension protection legislation

Construction of Hagadorn, Inc. begins - an MSMS/MPMLC joint venture

1988 *House of Delegates approves Young Physicians Section*

MSMS institutes AIDS Provider Education Plan

possible incapacitation, and allows them to designate spokespersons to act on their behalf. Living Will legislation was expected to be considered by the Legislature in the coming session.

Also in 1990, Blue Cross/Blue Shield of Michigan made a revision to its participating provider agreement - the first and only in the contract's 50-year history. The changes were the result of recommendations made by an independent consulting firm to the BCBSM Board. As of year-end, 67 percent of all physicians had signed the agreement, which took effect January 1. The contract established a Physicians Advisory Committee, composed of the Blues, MSMS, and Michigan Osteopathic Association representatives, to resolve concerns with the contract. Concurrently, MSMS established a BCBSM/Medicare ombudsman to act as liaison in assisting physicians with the resolution of reimbursement problems.

Fourteen risk management seminars were conducted around the state to help physicians learn how to minimize risk in their practices. Nearly 600 people attended these seminars conducted by MSMS and Michigan Physicians Mutual Liability Company.

Two new committees were created, both spearheaded by Doctor Adelman: The Task Force on Environment and Health; and the Focus Group on Chemical Dependency.

Louis E. Sanford, MD, of Belding, was astonished and humbled to learn that he had been named recipient of the Frederick and Besse Moulton Plessner Memorial Award. Doctor Sanford had served as Chair of the Plessner Award Selection

Committee and was dumbfounded when he discovered his colleagues unanimously had recommended him to the MSMS Board of Directors for this high honor.

In news that would effect the entire country, a Michigan physician received national attention because of his use of a "suicide device" to end the life of a patient with Alzheimer's Disease. Public concern expressed in opinion polls was concurrent with medical/ethical concerns. Therefore, a Statement on Physician-Assisted Suicide developed by the Committee on Bioethics was presented to and adopted by the MSMS Board of Directors. The statement's purpose was to help physicians understand the deep ethical and societal problems involved with this issue.

The introduction of a major public relations effort was the highlight of the year. The Caring Campaign, as it was called, was subtitled, "A program to promote positive public perception of doctors." It had its genesis in a series of member focus sessions convened by Robert E. Paxton, MD, during his term as president. Members at these sessions gave top priority to the need to improve their public image. TIME Magazine and The New York Times gave impetus to the campaign with the publication of two articles assessing physicians' problems.

Finally, in March the Board voted to seek legislative approval of the "Medical Liability Determination Act," an alternative plan for resolving medical liability claims. It combined a determination of fault with a schedule of damages.

1989-1990



Robert E. Paxton, MD

President:
President-Elect:
Past President:
Secretary:
Treasurer:
Speaker:
Vice-Speaker:

Robert E. Paxton, MD, Fremont
Susan H. Adelman, MD, Detroit
Frederick W. Bryant, MD, Royal Oak
Thomas R. Berglund, MD, Portage
Billy Ben Baumann, MD, Pontiac
Robert D. Burton, MD, Grand Rapids
Robert D. Allaben, MD, Detroit

Board Chair:
Board Vice Chair:

Frank B. Walker, MD, Grosse Pointe Farms
Jack L. Barry, MD, Saginaw

Executive Director:
Assistant Director:

William E. Madigan
Kevin A. Kelly

In 1989, MSMS won enactment of legislation to protect the retirement assets of individuals from being attached to lawsuits. MSMS also developed risk management seminars with Michigan Physicians Mutual Liability Company. These seminars, in concern with office audits, offered physicians the opportunity for a discount in current liability premiums.

TIMELINE

- 1988 MSMS, MHA and State Bar launch organ donation campaign
- 1987 William E. Madigan named new MSMS executive director; Kevin A. Kelly becomes assistant director
- 1986 John J. Coury, MD, becomes AMA President - only fifth Michigan physician elected to this high office
Membership reaches 11,199

MSMS and the Michigan Hospital Association together developed an administrative model for a new liability compensation system which would determine damages on an at-fault basis. The model included a defined schedule of benefits similar to the workers compensation system.

Board Chairman Frank B. Walker, MD, told the House of Delegates in the Board's Annual Report that he was proud of two major accomplishments in 1988. First, with well over 11,000 members, MSMS membership was at its largest in its 124-year history. Because of this, the American Medical Association had allocated a 12th delegate and alternate. The slots were to be filled in alternating years with a resident and a student from Michigan. Second, Walker commented on the passage of pension protection legislation as one of the rare times when a bill passed both the House and the Senate without opposition. Grassroots work by physicians at home played a large part in this success.

With a grant of nearly \$300,000 per year from the Michigan Department of Health, the MSMS AIDS Provider Education Program conducted more than 20 presentations per month to physicians, nurses, and administrators in the previous two years. The program also published a new AIDS diagnosis and treatment manual.

As of 1989, MSMS subsidiaries generated 40 percent of MSMS revenues: The Physician Services Group endorsed the services of 11 companies for member use, the PSG Administrative Services Division provided staffing for specialty societies and other groups representing 10,500 members; and the Peer Review Group of Michigan annually reviewed 4,000 medical cases which were initially rejected for reimbursement by BCBSM and other insurers.

Physician education continued to provide excellent programs for the continuing education of members. The Scientific Meeting alone awarded more than 1,000 physicians an average of nine CME credits through 60 courses. During 1989, MSMS awarded more than 11,000 Category I CME credits to Michigan doctors.

The newly formed Young Physicians Section of the House of Delegates held its first Annual Meeting in Lansing. It was attended by 45 delegates and alternates from 33 counties. Fifteen resolutions

were approved for submission to the MSMS House. Richard A. Stone, MD, Mt. Clemens, was elected chairman of the Section while 15 young physicians submitted their names expressing interest in serving on MSMS committees.

At the 1989 MSMS House of Delegates, L. Edmund Eary, Jr., MD, of Sparta became the fifth Michigan physician to receive the highly honored Frederick and Besse Moulton Plessner Memorial Award.

Busharat Ahmad, MD, Marquette, said members of the Section for Graduates of Foreign Medical Schools felt as strong a sense of mission as any of the MSMS special membership groups. Doctor Ahmad served as Section Chairman of the group. Being the first such section in the country, they were aware they were setting a precedent and being watched by other states as well as the AMA. A total of 4,500 graduates of foreign medical schools resided in Michigan; 2,500 of those were members of MSMS. One hundred delegates elected from Michigan hospitals attended the first annual meeting in March. Shortly thereafter, the Section was formally approved by the House on second reading.

Doctor Ahmad had been asked to serve as the chairman of the newly established AMA Advisory Committee on FMGs. He noted with pleasure that the AMA had recently established a Department of Foreign Medical Graduates.

Hagadorn, Inc., which was incorporated on October 21, 1987, began its first major construction project in 1989. The project was to develop, build, and lease an 88,000 sq. ft. office building in East Lansing at the corner of West Saginaw and Hagadorn Road in East Lansing. Michigan Physicians Mutual Liability Company was to occupy approximately 60 percent of the building, which would begin serving as MPMLC Headquarters. Hagadorn, Inc. was formed as a joint venture by MSMS and the MPMLC. Each owned 50 percent of the corporation and its purpose was to enter into ventures that would generate profits which could be returned to the stockholders in the form of dividends. The building architect was William Kessler and Associates of Detroit. The construction manager was the Christman Company of Lansing. Ground breaking ceremonies were held on September 20, 1989 with an expected completion date of May 1990.

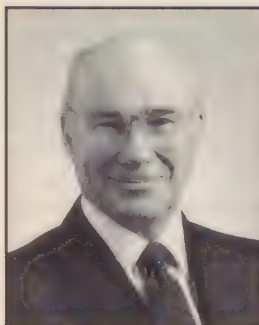
Crucial professional liability tort reform legislation enacted

Legislation enacted to strengthen physician licensure and regulation

Richard D. Weber named MSMS legal counsel

Medical Associations of Risk Management, Inc. (MARM) created by MSMS and MAOPS

1988-1989



Frederick W. Bryant, MD

President:
President-Elect:
Past President:
Secretary:
Treasurer:
Speaker:
Vice-Speaker:

Frederick W. Bryant, MD, Royal Oak
Robert E. Paxton, MD, Fremont
Carl A. Gagliardi, MD, Dearborn
Thomas R. Berglund, MD, Portage
Leland E. Holly, II, MD, Muskegon
Robert D. Burton, MD, Grand Rapids
Robert D. Allaben, MD, Detroit

Board Chair:
Board Vice Chair:

Frank B. Walker, MD, Grosse Pointe Farms
Jack L. Barry, MD, Saginaw

Executive Director:
Assistant Director:

William E. Madigan
Kevin A. Kelly

The continuing medical liability crisis precipitated a special MSMS House of Delegates session in January, 1988. It was only the third such session called in 20 years. The delegates there supported the study of a proposed state medical liability trust.

The current crisis was also the topic of the first ever MSMS/MSMS Auxiliary Government Relations Day in November, when members and their spouses met with local legislators in Lansing.

MSMS also succeeded in placing the effects of the liability crisis on the agenda of the new Governor's Task Force on Health Care Cost Containment. Four members of MSMS sat on the Task Force: Susan E. Adelman, MD; Gilbert B. Bluhm, MD; Douglas A. Mack, MD; and Allen F. Turcke, MD.

MSMS conducted several surveys this year which led to improved public policy discussions of the liability situation. Results released in 1988 showed that the majority of resident physicians were not planning to practice in Michigan after training, and that Michigan physicians paid higher liability premiums for the same coverage than did their colleagues in surrounding states.

The State Office of Health and Medical Affairs invited MSMS to participate in the rewriting of the State Health Plan which was mandated by certificate of need reform legislation. The new plan was intended to be a flexible health policy document subject to continuing revision.

The Young Physicians Section and Section for Graduates of Foreign Medical Schools held their first annual meetings in 1989. The Young Physicians Section sponsored practice management seminars during 1988, while the Graduates of Foreign Medical Schools held a meeting for ethnic physician leaders with an open forum to air concerns.

Also this year, MSMS launched two major public service campaigns. One was to encourage family members to discuss organ donation, and the other focused on a public safety initiative regarding use of all-terrain vehicles. The organ donation campaign was a joint effort of MSMS, the Michigan Hospital Association, and the State Bar of Michigan. Following the opening news conference, MSMS distributed over 30,000 copies of a brochure carrying the campaign theme,

"Break the Silence." The brochure also described the need for such a campaign, and provided information on how to make donations.

A series of forums on rural health problems was co-sponsored with the Michigan Hospital Association. MSMS identified physicians in hard-pressed areas to serve as resources for hoped-for blue ribbon community committees. These committees would address problems of hospital closings, personnel shortages, and rural poverty.

The MSMS AIDS Provider Education Project, developed by MSMS, received national recognition, having been presented to health departments from all 50 states in a forum sponsored by the National Centers for Disease Control. In 1988, a top priority of the steering committee on the Program to Assist the Impaired Physician was to make more doctors aware of the program. Medical Director Gerald A. VanderVoord, MD said the goal of the committee was to encourage more impaired physicians to seek help. At the request of the committee, its name was changed to the Physicians Recovery Network because of the possible stigmatizing connotation of the word "impaired."

Dues increased from \$290 to \$350 in 1988 and were to remain fixed through 1990.

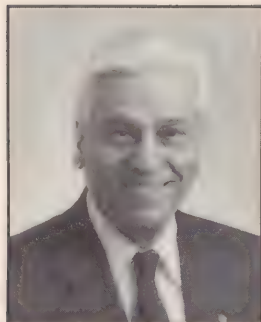
In a policy action, the Board noted that the infant mortality rate in Michigan was worse than that in 43 other states, and worse than 18 nations. Since adequate prenatal and labor and deliver care is essential in reducing infant mortality, the Board adopted a policy "Statement of Concern" that continued several specific recommendations for physicians and hospitals.

In 1989, Leland Holly, II, MD, was elected President-for-a-Day by the House of Delegates. The honor was bestowed because of Doctor Holly's leadership as treasurer and chairman of the Board's Finance Committee.

TIMELINE

- 1986 *House of Delegates supports concept of unified membership*
- 1985 *The Rally: over 10,000 physicians and health care personnel march on Capitol to voice concern about malpractice crisis*
John J. Coury, MD, Port Huron, chosen AMA president-elect
House of Delegates approves Hospital Medical Staff Section

1987-1988



Carl A. Gagliardi, MD

President:
President-Elect:
Past President:
Secretary:
Treasurer:
Speaker:
Vice-Speaker:

Board Chair:
Board Vice Chair:

Executive Director:
Assistant Director:

Carl A. Gagliardi, MD, Dearborn
Frederick W. Bryant, MD, Royal Oak
Thomas R. Berglund, MD, Portage
Robert M. Leitch, MD, Battle Creek
Leland E. Holly, II, MD, Muskegon
Gerald H. Mandell, MD, Detroit
Robert D. Burton, MD, Grand Rapids

Robert E. Paxton, MD, Fremont
Frank B. Walker, MD, Grosse Pointe Farms

William E. Madigan
Kevin A. Kelly

A comprehensive report on professional liability was presented to Governor James Blanchard in December, 1986 by University of Michigan Professor Robben Fleming. The report argued that "malpractice cases have edged over into the medical maloccurrence category so that recovery is granted where neither intent nor negligence is shown." Professor Fleming called for a task force to be organized within the government "to produce alternative approaches to the present system of trying medical malpractice on a tort theory." MSMS quickly wrote the Governor asking for a study group at the earliest date.

The first MSMS Survey of Physicians Practice Characteristics brought a high response from members. The MSMS survey produced some interesting statistics: 42 percent of active members graduated from Michigan medical schools compared to 51 percent of retired members; more than 80 percent of the physicians responding indicated their practice was incorporated; and members reported a familiarity with over 100 foreign languages.

Gerald A. VanderVoord, MD, became medical director of the Impaired Physicians Program. Doctor VanderVoord was a Lansing practitioner and board certified by the American Medical Society on Alcoholism and other Drug Dependency.

In 1987, the Board of Directors mailed a survey to all active members asking their views on the question of unified membership. Though the Board strongly favored voluntary unified membership wherever possible, it asked the House not to approve a mandatory unified membership recommendation in view of the survey results. Thirty-six percent favored the proposal, and 61 percent disapproved.

The House approved the formation of a Young Physician Section of the House. This was expected to increase involvement of young physicians in organized medicine and to provide direct means for young physicians to participate in its activities.

An ad hoc committee of the Board was appointed to consider the growth and size of the MSMS Board of Directors now and in the future, while assuring the fair and equitable representation from all districts. This was consistent with efficient functioning of the Board.

The committee recommended that the MSMS Board be fixed at 32, comprised of seven officers and 25 elected district directors. The House approved.

Members of the MSMS Board of Directors were honored in 1987 to bestow the Frederick and Besse Moulton Plessner Memorial Award upon their former colleague, Charles W. Oppy, MD, of Roscommon.

In a cooperative effort with the Michigan Association of Osteopathic Physicians and Surgeons, MSMS formed Medical Associations for Risk Management, Inc. (MARM). The purpose of MARM was to develop risk management programs in conjunction with the medical specialty societies for both the office and hospital setting.

Membership at year-end 1986 stood at 11,293.

MSMS continued its liaison with the Michigan Hospital Association satellite network by co-sponsoring two teleconferences on diabetes and the latest findings on AIDS.

Finally, in making appropriations for the 1987 fiscal year, the Michigan Legislature provided \$250,000 for professional education through a grant to MSMS. Under the leadership of Frederick W. Bryant, MD, a 28-member task force developed an AIDS Provider Education Plan which was transmitted to the Michigan Department of Public Health. MSMS then implemented the plans calling for the development of four programs to address the training and education needs of Michigan's health professionals.

Finally, with the retirement of Bruce W. Ambrose after three years as executive director, William E. Madigan and Kevin A. Kelly succeeded to the posts of executive and managing directors, respectively.

Mandatory seat belt use legislation passes

MEDIGRAM takes on a new look

1984 *Bruce W. Ambrose becomes new MSMS executive director; William E. Madigan named managing director*

MSMS Council's name changed to MSMS Board of Directors

1986-1987



Thomas R. Berglund, MD

President:	Thomas R. Berglund, MD, Portage
President-Elect:	Carl A. Gagliardi, MD, Dearborn
Past President:	Richard J. McMurray, MD, Flint
Secretary:	Robert M. Leitch, MD, Battle Creek
Treasurer:	Leland E. Holly, II, MD, Muskegon
Speaker:	Gerald H. Mandell, MD, Detroit
Vice-Speaker:	Robert D. Burton, MD, Grand Rapids
Board Chair:	Robert E. Paxton, MD, Fremont
Board Vice Chair:	Frank B. Walker, MD, Grosse Pointe Farms
Executive Director:	Bruce W. Ambrose
Managing Director:	William E. Madigan

MSMS' effort to reform the professional liability tort system was rewarded by the passage of a reform bill in 1986, culminating in two years of work by MSMS members, legislators, and other organizations. Among its provisions: establish for the first time a statutory principle of a cap on non-economic damage awards; tighten requirements for expert witnesses in medical malpractice cases; establish mediation panels which would include physicians; impose a six-year limit on the discovery rule and reduce the statute of limitations; substantially eliminate the collateral source rule; and address the frivolous lawsuit problem.

Legislation strengthening the state's physician licensing and regulation system was adopted by the 1986 Legislature. MSMS supported the bills amending the Public Health Code to: require regular renewal of a physician's drug license; prohibit Michigan licensure of physicians under sanction in other states; and to require hospitals and HMOs to inform the Board of Medicine when they discipline physicians.

MSMS and other defendants which included the American Medical Association prevailed in the federal district court antitrust action brought by the Chiropractic Cooperative Association of Michigan. A US District Court judge ruled that the plaintiffs did not establish evidence of antitrust violations within the applicable statute of limitations period.

The Michigan Delegation to the AMA proudly witnessed John J. Coury, MD, Port Huron, installed as president of the AMA.

A \$250,000 contract was awarded to MSMS to coordinate activities of 25 statewide organizations in planning an AIDS education campaign for professionals.

Republican Battle Creek Mayor John T. Schwarz, MD, successfully ran for election as state senator. Doctor Schwarz was also a member of MSMS.

The Physician Service Group, Inc., an MSMS subsidiary which provides administrative services, expanded the number of

organizations it services from nine to 12.

In May, the MSMS House of Delegates supported the concept of unified membership with the AMA. As a result, a year-long study was authorized with MSMS planning to poll its members on their views of unified membership.

A Young Physicians Committee was created to address concerns of physicians 40 years of age and under. The Committee, which was chaired by Richard A. Stone, MD, of Mt. Clemens, would also prepare for the development of an MSMS Young Physicians Section patterned after the new AMA section.

In February 1986, Richard D. Weber was named MSMS Legal Counsel, replacing A. Stewart Kerr who retired after serving 20 years in that position.

Twenty-five years ago this year, the MSMS headquarters building was dedicated. Minoru Yamasaki was chosen as the architect to design the 20,000 square foot building in East Lansing. Combining elegance with practical utility, the structure's timeless style belies its 1959 construction date. Yamasaki died at his home in Bloomfield Hills this year at the age of 72. He was well known as the architect of the World Trade Center in New York, the Saudi Arabia Airport, the National Gas Building in Detroit, and many beautiful buildings on the campus of Wayne State University.

TIMELINE

- 1984 MSMS supports legislation making sale of human organs for profit illegal
- MSMS panel helps Ford Motor Company create new health care contract for salaried personnel
- 1983 MSMS membership reaches 10,600
- PROM holds its organizational meeting

1985-1986



Richard J. McMurray, MD

President:	Richard J. McMurray, MD, Flint
President-Elect:	Thomas R. Berglund, MD, Portage
Past President:	Louis R. Zako, MD, Dearborn Heights
Secretary:	Robert M. Leitch, MD, Battle Creek
Treasurer:	Leland E. Holly, II, MD, Muskegon
Speaker:	Gerald H. Mandell, MD, Detroit
Vice-Speaker:	Robert D. Burton, MD, Grand Rapids
Board Chair:	Carl A. Gagliardi, MD, Dearborn
Board Vice Chair:	Robert E. Paxton, MD, Fremont
Executive Director:	Bruce W. Ambrose
Managing Director:	William E. Madigan

Michigan liability insurers raised premium rates between 40-50 percent this year while the Professional Liability Task Force, led by Past-President Louis Zako, MD, concluded that existing structures, including liability insurance, were on the verge of collapse. The Task Force reported that a drastic overhaul of the entire system was necessary to prevent its demise. The Task Force work plan also included further research, tort and judicial reform, improved arbitration, improved risk management efforts, and more study of no-fault insurance.

On October 22 of this year, approximately 12,000 people participated in an MSMS-sponsored rally in Lansing. Staff estimated that between 60 and 70 percent of those were physicians with the rest comprised of spouses and supporters from other health care professions who were there to advocate for patients. It was the largest such gathering in health care history, and among the largest gatherings at Michigan's Capitol. Traveling in chartered buses, automobiles and planes, the physicians packed the Lansing Civic Center to receive instructions and updated legislative reports, then marched to the Capitol steps to hear Governor Blanchard and others speak.

The positive efforts of MSMS in the professional liability crisis contributed to the growth of membership. As of January 1, 1986, MSMS had a total of 11,199 members.

Also this year, MSMS won general acknowledgment of the need for increased funding and staff for the Board of Medicine. This included adding more investigators and a full-time administrator. Legislative bills to bring about these steps were introduced. MSMS efforts helped win a \$3 million increase in Medicaid payments to physicians, which would offset increases in their liability insurance premiums.

Thomas W. Fochtman, MD, of Sparta, was named recipient of the Frederick and Besse Moulton Plessner Memorial Award in 1985.

Port Huron general surgeon John J. Coury, MD, was chosen president-elect of the American Medical Association at the AMA's June meeting. Doctor Coury took office in June 1986 and was only the fifth doctor from Michigan to serve in that capacity.

In member services, five management and marketing seminars for physicians around the state were held with more than 250 in attendance. In communications, MSMS introduced its "Professional Liability Report" which described physicians' liability problems. Sixty-thousand brochures were distributed to the public. Also, 35,000 brochures on breast cancer were distributed and another brochure on AIDS was produced.

The new MSMS Hospital Medical Staff section held its first meeting in March. It was led by Peter A. Duhamel, MD.

The first statewide Child Abuse Conference was held in Lansing and was co-sponsored by MSMS. Brooker L. Master, MD, and Barbara Meyer Lucas, MD were on the planning committee.

A mandatory seat belt usage law was adopted by the Michigan legislature this year. The law had long been sought by MSMS.

Continuing in its pursuit of peer review contracts with the private sector, the Physicians Review Organization (PROM) had six contracts with third party insurers and 12 with other panels this year. The Blue Cross/Blue Shield Foundation also awarded to PROM a grant to analyze utilization patterns.

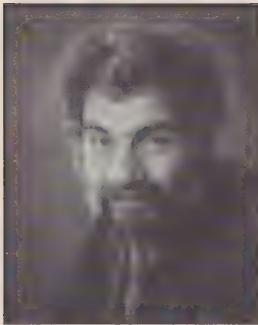
MSMS assumes leadership role in mandatory seat belt use legislation

First PPO begins operation in Michigan

Michigan medical schools decrease enrollment

1981 *House of Delegates approves Medical Student Section*

1984-1985



Louis R. Zako, MD

President:	Louis R. Zako, MD, Dearborn Heights
President-Elect:	Richard J. McMurray, MD, Flint
Past President:	Donald K. Crandall, MD, Muskegon
Secretary:	Robert M. Leitch, MD, Battle Creek
Treasurer:	Leland E. Holly, II, MD, Muskegon
Speaker:	Gerald H. Mandell, MD, Detroit
Vice-Speaker:	Robert D. Burton, MD, Grand Rapids
Board Chair:	Thomas R. Berglund, MD, Portage
Board Vice Chair:	Carl A. Gagliardi, MD, Dearborn
Executive Director:	Bruce W. Ambrose
Managing Director:	William E. Madigan

The mid-1980's were a time of increasing social consciousness, and MSMS activities reflected this trend. MSMS urged component medical societies to make arrangements to provide health care to persons who were "cash poor" due to Michigan's high unemployment. The components representing more than 80 percent of the state population indicated that they had a mechanism in place to deal with this crisis.

Also during this year, the nation was in the midst of redefining its liberal physician licensure policies. MSMS worked with the Michigan Board of Medicine to assure equitable treatment for the graduates of foreign medical schools that had contributed much to meeting U.S. physician needs over the past two decades.

In 1982, Michigan passed a statute that ordered physicians to report adults who had been abused. The law was not well publicized and, consequently, many physicians were not aware of their new responsibility. The MSMS Committees on Aging, and Child Abuse/Neglect collaborated to produce an educational pamphlet on the physician's legal responsibilities relating to abused children and adults.

MSMS maintained its leadership position through the Seat Belt Coalition, which urged mandatory seat belt legislation. The coalition is chaired by Robert D. Burton, MD, vice-speaker of the House of Delegates.

A panel of experts from the MSMS membership convened to assist the Ford Motor Company in developing its new health care contract for salaried personnel. The panel was the first to ever provide MSMS advice on an industrial health care program. Donald K. Crandall, MD, and Louis R. Zako, MD, were key members of this group.

MSMS Director Warren F. Tryloff turned over his staff duties to a new leadership team on September 1, 1984. To ensure an orderly transition, a committee led by Board Chairman Thomas R. Berglund, MD had been working with Tryloff for a year. In the new structure, Bruce W. Ambrose became executive director and William E. Madigan managing director. Tryloff had been with the

medical society for 31 years and, in recognition of his service, the House voted to make him an honorary member of MSMS.

The Board proposed and the House approved the establishment of a Hospital Medical Staff Section which would be structured after the AMA model. Its purpose was to provide a forum so medical staffs could meet to discuss common issues and concerns and to communicate more efficiently with staff members. It was also to provide access into the policy-making body of MSMS.

After a year of assessing the statewide program of voluntary binding arbitration, the State of Michigan's Arbitrary Advisory Committee concluded that arbitration of disputes involving alleged medical malpractice provides a cheaper and quicker forum for resolving conflicts than does the court/jury system.

The MSMS legal staff was involved in a lawsuit which included MSMS, AMA et al vs. the Chiropractic Association. This Michigan litigation charged it a conspiracy to restrict the practice of chiropractic in hospitals and via various activities. The case was expected to take several years to complete. The defense was coordinated with the AMA's legal team.

Two public relations pamphlets produced by MSMS continued to be popular. Over 300,000 copies of "If Illness or Injury Strikes..." and nearly 10,000 copies "If Someone in Your Family Wants To Be A Doctor" had been distributed to date.

The Michigan Association of Osteopathic Physicians and Surgeons joined the MSMS Impaired Physicians Program in 1984 and were to participate in all aspects of the program, including cost sharing.

After a vigorous two year effort, MSMS lost to another bidder the federal contract that would establish the Michigan Peer Re-

TIMELINE

1981	MSMS reestablishes formal relationship with BCBSM
	Women Physicians Conference urges women practitioners to become involved in organized medicine
	MSMS Stockwell Building is completed
1979	Physician Service Group (PSG) created

view Organization. The MSMS-founded Peer Review Organization of Michigan, led by F. Van Duyne, MD, Flint, continued to contract peer services to Blue Cross/Blue Shield as well as to the Michigan Education Special Services Association.

At the direction of the House of Delegates, MSMS successfully introduced a bill to ban the sale of human organs for profit. The bill passed and was signed into law.

Membership grew by 850 new members over 1983, bringing total membership to 10,950.

1983-1984



Donald K. Crandall, MD

President:	Donald K. Crandall, MD, Muskegon
President-Elect:	Louis R. Zako, MD, Dearborn Heights
Past President:	James H. Tisdell, MD, Port Huron
Secretary:	Robert M. Leitch, MD, Battle Creek
Treasurer:	Leland E. Holly, II, MD, Muskegon
Speaker:	Gerald H. Mandell, MD, Detroit
Vice-Speaker:	Robert D. Burton, MD, Grand Rapids
Council Chair:	Thomas R. Berglund, MD, Portage
Council Vice Chair:	Carl A. Gagliardi, MD, Dearborn
Director:	Warren F. Tryloff

A Federal Trade Commission decision and final order directed MSMS to refrain from engaging in certain activities. The final order held that "MSMS was responsible for unreasonably restraining competition in the health care industry by conspiring with its members to influence physicians' reimbursement policies of health care insurance carriers." The final order modified and clarified the Administrative Law Judge order by narrowly defining the boundaries of specific prohibitions. The order would not preclude communications with third party carriers that fell short of agreements or attempts to reach agreements on reimbursements.

The Peer Review Organization of Michigan (PROM) held its first organizational meeting this year and elected Frederick Van Duyne, MD, as president. PROM is a wholly-owned subsidiary of MSMS and is set up as a stock corporation. Representatives of the Michigan Hospital Association and MSMS comprised the Board at that time, but participation was to be offered to the Michigan Association of Osteopathic Physicians and Surgeons.

Preferred Provider Organizations (PPOs), as alternative health care delivery models, were studied by The Council so they could inform members of the advantages and disadvantages of these new entities. At this time, only one PPO was operating in Michigan, though several major employers and third parties were actively discussing the formation of this type of financing system.

At MSMS request, the Michigan Medical Schools Council of Deans evaluated medical school class size. This resulted in the University of Michigan decreasing first year enrollment by 60 students. Wayne State University agreed to decrease by 32 students,

and to forego plans for future expansion. All limits were effective for the 1983 entering class.

Also this year, The Council recommended and the House agreed that the name of The Council should be changed to the Board of Directors to reflect how The Council actually functions. The change was to take effect upon final approval by the 1984 House.

In 1983, The Council selected Maurice H. Chapin, MD, of Millington, to receive the coveted Frederick and Besse Moulton Plessner Memorial Award.

The Michigan delegation to the AMA increased from eight to 11 because of an increase in Michigan AMA membership. One alternate delegate was to be from either the student or resident section.

Medical students will now get a dues-free, one-year membership with MSMS thanks to a proposal by The Council. The House agreed to amend the bylaws accordingly.

MSMS receives bequest for creation of Frederick and Besse Moulton Plessner Memorial Award

1978 MSMS breaks ground for headquarters expansion

Federal Trade Commission serves subpoena on MSMS alleging possible restraint of trade violation

House of Delegates approves Resident Physician Section

An MSMS publication entitled, "Challenge of the 80's: A Guide to Successful Practice," addressed practice management methods, professional competition, and ethical and legal problems. A series of six, day-long workshops carried the same message to members in several sites across the state.

MSMS discontinued its loan program for impaired physicians on the advice of its auditors regarding IRS rules for non-profit corporations. Using general dues income for the benefit of individual members is prohibited; however, MSMS' Michigan Foun-

dation for Medical and Health Education decided to inaugurate a similar loan program. In addition, the program was expanded to include osteopathic physicians.

Also this year, MSMS membership reached an all-time high of 10,600 - which included over 500 medical students.

Finally, legislation was initiated by MSMS to provide legal immunity to Board of Medicine members. MSMS also strongly supported bills to make adult seat belt use mandatory.

1982-1983



James H. Tidel, MD

President:
President-Elect:
Past President:
Secretary:
Treasurer:
Speaker:
Vice-Speaker:

Council Chair:
Council Vice Chair:

Director:

James H. Tidel, MD, Port Huron
Donald K. Crandall, MD, Muskegon
James D. Fryfogle, MD, Southfield
Robert M. Leitch, MD, Battle Creek
Leland E. Holly, II, MD, Muskegon
Gerald H. Mandell, MD, Detroit
Robert D. Burton, MD, Grand Rapids

Thomas R. Berglund, MD, Portage
Carl A. Gagliardi, MD, Dearborn

Warren F. Tryloff

Attorneys for MSMS presented arguments before the full Federal Trade Commission (FTC) in December of this year. This was the result of The Council's decision to appeal a FTC law judge ruling that was substantially adverse to MSMS. The ruling would ban MSMS from entering into agreements with its members who attempt to regulate the amount or terms of reimbursement for physician services. The order also stated that MSMS could not act as an agent for members deciding whether to accept the terms of a participation agreement with a health care plan. It was not known when the full FTC was to rule on the appeal.

The Michigan Supreme Court found against Seymour Friedman, MD in his counter suit against the plaintiff attorney in a case where Doctor Friedman was found not liable in a malpractice action. The Court flatly prevented actions against plaintiff attorneys for malice, frivolity, or negligence. Prior to this litigation, it was generally thought that arena lawyers could be sued for malicious prosecution in the counter suit, although proofs might be difficult.

The Michigan Physicians Mutual Liability Company president, Robert M. Leitch, MD, reported to the House that 4,437 physicians were insured this year and that the company's assets had grown to approximately \$82 million, with an expected 20 percent growth by year end.

A task force was appointed by The Council to study the pos-

sibility of medical society involvement in peer review activities. This was in response to the federal government cut in the PSRO program and action taken by the 1981 House. Though there was general support for continuation of peer review, there was substantial objection to the government operating the program. Therefore, upon recommendation of the Task Force, The Council proposed the formation of a corporation to provide peer review services to third party insurers, industry and government agencies. The corporation would be intended to assure the involvement of organized medicine in peer review activities. The House approved of the formation of the state-wide organization as a wholly-owned corporate subsidiary of MSMS, which began exploring methods of financing the operational cost of the venture.

TIMELINE

- 1977 House of Delegates adopts Position Statement on Professional Liability
- 1976 Brown-McNeely Fund created
- MSMS purchases adjoining land for future expansion
- MSMS presents its first Category I CME courses

MSMS membership reached the 10,000 mark in March. On January 1, 1982 the membership totaled 10,076. And, at the AMA Leadership Conference in Chicago, MSMS received its fourth consecutive award for a AMA membership increase over the previous year.

The Task Force on MSMS Structure was asked to develop a method of limiting the size of The Council as instructed by the 1981 House of Delegates. A redrawing of councilor district lines was rejected along with three other proposals/alternatives. The Task Force finally recommended that the current bylaw which provides for one delegate for every 50 members, be changed to the following: That the constitution and bylaws be amended to provide for one delegate for every 500 members and that each district have at least one councilor. Also, the Task Force recommended that the House discourage future additions to The Council. These recommendations were put over for study and reported to the 1983 House.

A special ceremony was held during the 1982 MSMS House of Delegates naming David Siegel, MD, of Lansing, as MSMS President-for-a-Day. Doctor Siegel was retiring as Speaker of the House due to illness.

The monthly *MEDIGRAM* became a weekly publication this year. The purpose was to increase communication with the membership and special medical populations. To increase awareness of MSMS, issues of *MEDIGRAM* were distributed to medical students on a trial basis. A survey was planned to determine whether the distribution should continue.

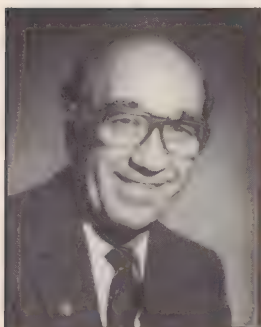
Two-hundred thousand copies of a new folder entitled, "If Illness Strikes," were distributed through the Michigan Department of Transportation, physician's offices, and tourist bureaus.

Michigan Governor William Milliken chose for the first time to appoint a non-physician as director of the Department of Health. MSMS had advocated that a physician be appointed to the position. Bailus Walker, PhD, however, met the other MSMS criteria and met with The Council early in his tenure.

MSMS supported bills requiring seat belts for children under four years of age, and to permit retrieval of pituitary glands. Both bills were enacted into law.

A Women Physicians Conference was held to show women doctors the value of involvement in organized medicine.

1981-1982



James D. Fryfogle, MD

President:
President-Elect:
Past President:
Secretary:
Treasurer:
Speaker:
Vice-Speaker:

Council Chair:
Council Vice Chair:

Director:

James D. Fryfogle, MD, Southfield
James H. Tisdell, MD, Port Huron
John R. Ylvisaker, MD, Bloomfield Hills
Robert M. Leitch, MD, Battle Creek
Leland E. Holly, II, MD, Muskegon
David Siegel, MD, Lansing
Gerald H. Mandell, MD, Detroit

Thomas R. Berglund, MD, Portage
Carl A. Gagliardi, MD, Dearborn

Warren F. Tryloff

In December of this year, MSMS lawyers appeared before the Federal Trade Commission to discuss MSMS' appeal of a FTC administrative law judge's decision. The decision went against MSMS regarding cost containment talks with Blue Cross/Blue Shield. Legal Counsel A. Stewart Kerr and William Sankbeil presented oral arguments in the second step of the MSMS appeal of the decision. The first step was the filing of appeal briefs. MSMS then was required to wait for up to a year before the Commission's decision was made on the appeal.

The Council recommended, and the House agreed, to rescind present policy and reestablish a formal relationship with Blue Cross/Blue Shield by creating a mechanism for placing MDs who are official representatives of MSMS on the BCBSM Board.

Also this year, an in-depth study on alternatives to full service benefit reimbursement was prepared by a task force chaired by John R. Ylvisaker, MD. No action was taken by The Council or the House, but the report could have been the policy basis for MSMS to go

Michigan Health Care in Jails Project launched

1975 *Mandatory CME legislation enacted in Michigan*

MSMS's malpractice insurance company, MPMLC, incorporated

MSMS enters computer age and installs IBM 32 system to handle dues billings

forward in developing positions and plans for creating new approaches to reimbursement of medical services.

Because of developments in the area of professional liability, The Council felt it necessary to appoint a new Professional Liability Task Force to investigate the national trends as well as to explore corrective measures such as legislation, alternative insurance models, and risk management programs. The House voted to make several bylaws changes to create an MSMS Medical Student Section which would provide direct membership for medical students where no component medical student section existed. The recommendation to change the bylaws came from The Council's Committee on Membership Recruitment and Retention.

A long range plan was adopted as reported by the Long Range

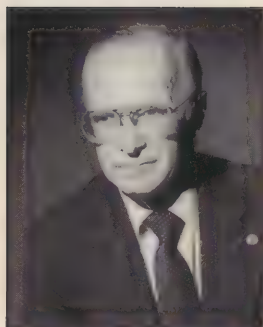
Planning Committee chaired by John R. Ylvisaker, MD. The report was a culmination of 18 months of work and included input from physicians as well as the deliberations of a core group of 30 leaders who participated in a two-day planning retreat.

Recognizing that the important relationships and interactions of MSMS and medical school faculties needed strengthening, The Council established a study task force to analyze present relationships, study alternative methods to foster understanding and mutual concern, and to design and propose a plan to achieve the objective of strengthened relationships.

The Council chose Charles W. Oakes, MD, of Harbor Beach, as the first recipient of the prestigious Frederick and Besse Moulton Plessner Memorial Award.

MSMS membership totaled 9,741 on January 1, 1981.

1980-1981



John R. Ylvisaker, MD

President:
President-Elect:
Past President:
Secretary:
Treasurer:
Speaker:
Vice-Speaker:

Council Chair:
Council Vice Chair:

Director:

John R. Ylvisaker, MD, Pontiac
James D. Fryfogle, MD, Southfield
Ernest P. Griffin, Jr., MD, Flint
Robert M. Leitch, MD, Battle Creek
Leland E. Holly, II, MD, Muskegon
David Siegel, MD, Lansing
Gerald H. Mandell, MD, Detroit

Louis R. Zako, MD, Dearborn Heights
Thomas R. Berglund, MD, Portage

Warren F. Tryloff

The Federal Trade Commission (FTC) investigation continued into a possible restraint of trade suit against MSMS for alleged inappropriate negotiations/relationships with Blue Shield. Legal counsel responded to the complaint, denying all allegations of unlawful conduct. In preparation for the trial, counsel reviewed over 250,000 pages of documents in possession of the FTC and filed numerous questions. It also demanded that the FTC specify in greater detail its case against MSMS. As it requested relief, the FTC sought an order barring MSMS from having any meaningful input into development of health care plans, including a cost containment program. That same order would further prohibit criticism of health care plans, including BCBSM and Medicare.

The Michigan Physicians Mutual Liability Company Board of Directors was commended by The Council for providing stability in what was once a volatile professional liability climate. As of this year, the company has grown to become a sound, fiscally responsible insurer of over 3,800 Michigan physicians. In 1980-81, the Brown-McNeely Fund insured some 1,000 physicians. This was a considerable decrease from the 3,000 doctors insured when

the fund began in 1975.

The State Arbitration Advisory Committee reported that 185 arbitration cases had been filed since 1976, ninety-one of which were filed in 1979. This growth in the number of cases seemed to indicate awareness of medical arbitration as an alternative to litigation, and was increasing slightly. Acting upon the recommendation of MSMS and others, the Committee began to

TIMELINE

- 1974 MSMS offers dues collection service to component societies
MSMS becomes accrediting body for CME providers in Michigan
- 1973 HMO legislation on state level being considered
MSMS House of Delegates votes to hold future annual session in the spring rather than in the fall

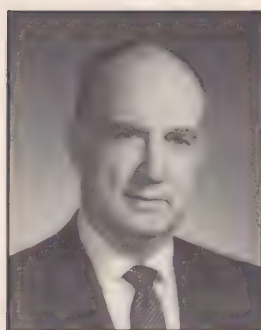
educate physicians, hospital personnel, and the public about the arbitration option. The Committee placed posters in 235 hospitals, utilized radio and TV spots, and conducted workshops for hospital employees around the state.

The late Robert E. Rice, MD, Greenville, was honored at the opening session of the AMA Interim Meeting in San Francisco. Lt. Commander Robert E. Rice, Jr., accepted the Benjamin Rush Award for Medical and Community Service on behalf of his father. Doctor Rice was a distinguished and important leader in

Michigan medicine, and was influential in the state and component societies. He was also a long time member of the Michigan delegation to the AMA.

A task force to aid Indochinese refugees was authorized by The Council when it was learned that Michigan could expect over 10,000 refugees in residence by the end of the year. The Task Force was charged with developing guidelines to aid physicians in the treatment of these families who, because of cultural differences, have special needs.

1979-1980



Ernest P. Griffin Jr., MD

President:
President-Elect:
Past President:
Secretary:
Treasurer:
Speaker:
Vice-Speaker:

Council Chair:
Council Vice Chair:

Executive Director:

Ernest P. Griffin, Jr., MD, Flint
John R. Ylvisaker, MD, Pontiac
Louis E. Heideman, MD, Birmingham
Robert M. Leitch, MD, Battle Creek
Leland E. Holly, II, MD, Muskegon
James D. Fryfogle, MD, Southfield
David Siegel, MD, Lansing

Louis R. Zako, MD, Dearborn Heights
James H. Tisdell, MD, Port Huron

Warren F. Tryloff

In late 1978, the Federal Trade Commission began a nation-wide investigation to determine the degree of control physicians have in Blue Shield plans. In response to a subpoena, MSMS produced several hundred documents. In April 1979, the FTC took the depositions of Ernest P. Griffin, MD and Donald K. Crandall, MD, both of whom were questioned on the relationship between MSMS and the Blues in recent years. The Society was asked to sign a consent order which appeared to totally prohibit MSMS involvement in any joint activity with third party carriers - including cost containment programs.

On December 18, 1979, MSMS held a news conference to announce that 10 more Michigan jails had joined the MSMS Jails Project, which was aimed at improving health care for inmates.

A financial assistance plan for impaired and disadvantaged physicians was established by The Council at its December meeting. The plan provided a revolving fund for interim loans or occasional bequests to physicians who are destitute, impaired, or in dire financial straits. Funds were to come as needed from a one dollar per year dues allocation by each member.

Also this year, MSMS filed an amicus brief in the Friedman counter suit on behalf of Seymour Friedman, MD. The counter suit successfully urged the Supreme Court to hear Friedman's appeal. MSMS prepared another brief on the appeal itself, which asked to what extent may a physician sue an attorney for bringing

a frivolous medical malpractice suit.

Membership reached 9,281 on January 1, 1979, an all-time high for the organization.

The newly appointed Board of Directors for the Physician Service Group (PSG) held its first board meeting in February 1979. At that time, Leland E. Holly, II, MD, was elected president. The PSG is a wholly owned member service subsidiary of MSMS and was capitalized with \$50,000. The purpose of PSG is to provide quality economic services to members of MSMS at the lowest possible cost. Among the initial services, PSG offered practice management consultations and seminars, financial estate planning, and the administrative and clerical services provided by the MSMS Office of Special Services. The latter now provides services to eight specialty groups.

1972 Michigan Basic Science Act repealed after 35 years

MSMS approves the Michigan Foundation, "Michigan Medical Programs, Inc." - a peer review mechanism

1971 MSMS offers executive secretarial service to specialty organizations Council of Specialty Societies established

MSMS approves creation of MSMS Policy Manual

MICHIGAN MEDICINE, MSMS' monthly magazine, was awarded first prize for editorial and design excellence this year in a national contest for state medical journals. The contest was limited to publications with a circulation higher than 3,000.

The new Stockwell Building, though slightly behind schedule, still managed to prepare the second floor for occupancy by the Michigan Physicians Mutual Liability Company. MSMS and the Physician Service Group, Inc. were to occupy approximately 30 percent of the first floor. The balance was available for lease. Cost of construction was expected to be within the original esti-

mate of \$1.2 million.

In 1979, MSMS received a bequest of \$50,000 from the will of Frederick K. M. Plessner with the stipulation it be used to provide \$5,000 cash awards to physicians who, in the opinion of the MSMS Council, "best exemplify the practice and ethics of a rural country practitioner." Consideration also is to be given to services donated by the recipient to the indigent and/or charitable groups. The award may be given annually or less frequently. The award is to be known as the Frederick and Besse Moulton Plessner Memorial Award.

1978-1979



Louis R. Heideman, MD

President:
President-Elect:
Past President:
Secretary:
Treasurer:
Speaker:
Vice-Speaker:

Louis R. Heideman, MD, Birmingham
Ernest P. Griffin, Jr., MD, Flint
Vernon V. Bass, MD, Saginaw
Robert M. Leitch, MD, Battle Creek
John R. Ylvisaker, MD, Pontiac
James D. Fryfogle, MD, Southfield
David Seigel, MD, Lansing

Council Chair:
Council Vice Chair:

Louis R. Zako, MD, Dearborn Heights
James H. Tisdell, MD, Port Huron

Director:

Warren F. Tryloff

MSMS's headquarters began its expansion project this year. The project was the result of a study initiated three years ago that looked at future office needs and investigated the potential for leasing a portion of the added space. An optimum utilization plan was then prepared for the three-and-a-half acre site. The building design provides for 21,000 square feet gross and 16,800 square feet of net lease space. Cost was estimated at \$1.2 million, with completion expected in January 1979.

The building's new address was to be 1305 Abbott Road. It was named the Stockwell Building after the first President of MSMS in 1866 - Cyrus M. Stockwell, MD, of Port Huron.

The second floor of the new headquarters was leased to the Michigan Physicians Mutual Liability Company. The first floor was to be occupied by a computer firm, the MSMS Office of Special Services, as well as MSMS staff. The addition was connected to MSMS headquarters via a walkway with parking expanded to accommodate 170 cars. Architects were O'Dell, Hewlett, and Luchenbach, from Birmingham, and the construction manager was the Christman Company, from Lansing.

The program of work priorities for 1977-78 were: negotiations; professional liability; health care costs; continuing physician education; quality health care; legislation and liaison with government

agencies; communication with the public; peer review; and health care delivery. In addition, ongoing internal activities were addressed.

In November, MSMS was served a subpoena from the Federal Trade Commission (FTC) in connection with the FTC's nationwide investigation of Blue Shield plans. The FTC was interested in the degree of control physicians have over BS plans. MSMS produced several hundred documents in response to the subpoena.

MSMS' Council submitted a position to the BCBSM Board of Directors which proposed working with the company to develop cost containment programs. The cooperative activity would take place when BCBSM indicated willingness to make some concession regarding its policies. The Council also directed legal counsel to file lawsuits regarding otolaryngological and psychiatric aspects of the BCBSM reimbursement and benefit program.

TIMELINE

- 1970 Warren F. Tryloff becomes new MSMS director
MSMS studies feasibility of discontinuing traditional relationship with Michigan Medical Service
Medicorps established - Michigan doctor-of-the-week program
- 1969 House of Delegates approves Management Study developed by Alexander Grant company

MSMS was very influential in writing and obtaining enactment of legislation to define medical malpractice. It also worked with the Insurance Commissioner to obtain a two-year extension of the Brown-McNeely Medical Fund.

As of March, 25 cases had been filed for arbitration. A 17-month study was contracted by the Insurance Bureau of Michigan to evaluate the experience under the Act. The MSMS counter suit program adopted by the House in 1976 provided for review and consideration of professional liability cases on request - providing they met four conditions. Since the plan began, there were many inquiries, but only two met the criteria. One was withdrawn, and the other was still under review this year.

A 450-page proposed revision of Michigan's public health laws dominated the legislative scene this year. The project was in its fifth year and the bill was expected to have major impact on licensure of health professionals. Most sensitive was the Certificate of Need (CON) section wherein MSMS continued to resist efforts to extend CON to private physicians' offices.

Under the guidance of MSMS, the Michigan PSRO Support Center successfully completed its assignment to assist interested physicians in organizing area PSRO's. The Center's federal contract ex-

pired on March of 1978. As of that year, all 10 of the Michigan PSRO areas designated by the Department of HEW were in various stages of federal funded activity.

The first priority for the Task Force on Medical Care Costs was to develop a realistic program of physician cost containment initiatives at the local hospital level. Nine of these were being presented as practical implementation guides for hospital medical staffs. In April, guides on alerting hospital staffs to the cost of diagnostic testing and pre-admission testing for elective admissions were issued.

At the 1978 Sports Medicine Conference, attendance was so large it surpassed room capacity - requiring each speaker to speak in two rooms. The Continuing Physician Education Committee worked with the AMA to present a weekend of Category I courses in Marquette. The Committee on CME Accreditation conducted 16 surveys during this year. Seven hospitals received accreditations, and 63 hospitals and organizations were accredited as a result of Committee surveys.

The second year of the Michigan Health Care in Jails Project was devoted to giving technical assistance and performing surveys at four pilot jails, all of which receive one year's full accreditation.

1977-1978



Vernon V. Bass, MD

President:
President-Elect:
Past President:
Secretary:
Treasurer:
Speaker:
Vice-Speaker:

Council Chair:
Council Vice Chair:

Director:

Vernon V. Bass, MD, Saginaw
Louis E. Heideman, MD, Birmingham
Robert M. Leitch, MD, Battle Creek
Kenneth H. Johnson, MD, Lansing
John R. Ylvisaker, MD, Pontiac
James D. Fryfogle, MD, Southfield
David Siegel, MD, Lansing

Ernest P. Griffin, Jr., MD, Flint
Louis R. Zako, MD, Dearborn Heights

Warren F. Tryloff

This year The Council recommended amendments to the Position Statements on Professional Liability, which was adopted by the 1976 House of Delegates. The House agreed to the following (briefly stated):

- The Brown-McNeely Fund is supported by MSMS as an interim solution to availability of insurance, but should be dismantled as soon as the private sector can service the insurance market.
- A physician-owned and controlled professional liability company (MPMLC) should be available to provide coverage of up to \$200,000-600,000.
- The new AMA reinsurance company has the support of MSMS as it seeks to provide reinsurance to new doctor-owned insurance companies.
- All insurers should disclose pertinent statistics regarding claims, settlements, and judgments for public review.
- MSMS supports a dual system for the handling of malpractice claims, with either binding arbitration or court-

- 1968 MSMS explores feasibility of an MSMS-sponsored professional liability plan
Board of Managers created to oversee and manage MSMS funds
- 1967 MSMS concerned about increasing malpractice premiums
Component societies encouraged to offer associate memberships to osteopaths

room litigation available.

- Each component society should establish its own arbitration implementation committee to closely monitor arbitration locally.
- Civic-minded citizens are encouraged to volunteer to serve as panel members in professional liability arbitration.
- The highest priority should be given to a statutory definition of medical malpractice, to differentiate in law between malpractice and mal-occurrence.
- MSMS supports efforts to establish a fixed statute of limitations for all persons over the age of eight.
- The elimination of the contingency fee system should be sought.
- MSMS favors limiting the use of medical expert witnesses to those experts who are acquainted with the standards of practice in the community of the claimed malpractice of a comparable community in Michigan.
- MSMS favors legislation to waive any physician-patient confidentiality privilege or hospital privilege concerning the patient's mental or physician condition at the date a malpractice action is filed.
- To inhibit the filing of nuisance suits, the MSMS favors legislation to systematize quick access to medical records by plaintiff attorneys.
- MSMS should develop a statement of patients' responsibilities and rights.
- Support for physician counter-suits in nuisance claims.
- MSMS will pursue a statutory requirement that the plaintiff must provide an affidavit by an expert witness as to the merit of a complaint at the time of filing.
- Legislation should establish ceilings on pain and suffering awards, but actual damages should be awarded.
- Annuity payments of professional liability awards should be permitted over a period of time.

"The battle of the Blues" also continued this year. The dispute began in May, 1977 when Blue Cross/Blue Shield announced a new physician reimbursement policy to be effective in 1978. The purpose of this new policy was to increase physician participation and to control health care costs. New vision and hearing benefit programs were also announced, and would pay less or nothing at all to non-participating physicians.

MSMS promptly asked for a moratorium on the proposed changes so mutual effort could be focused on rational cost containment. The Blues refused the request for a moratorium, so, in protest, the House recommended the de-participation of Michigan doctors. Physicians had until April 1, 1978 to decide whether or not to sign up with the new program.

In 1978, the House of Delegates approved the establishment of an MSMS Resident Physician Section, "to provide representation for the interests of resident physicians within the structure of the Michigan State Medical Society." It is to be composed of MSMS members who are residents in an AMA-recognized residency program in Michigan and medical students after March 15 of their senior year.

The MSMS Division of Negotiations, which monitors the activities of the Medicaid Committee, Coding and Uniform Claim Committee, and Third Party Carriers Committee, was active nationally. Chairman Donald K. Crandall, MD, noted the contribution that William Madigan, staff for the Division, had made in the preparation of the AMA's Physician's Guide to Negotiations. The Division monitors the problems and is also available to coordinate activities, offer research information, and ultimately provide professional negotiators when needed.

After a year of probationary status, the MSMS Commission on Accreditation was granted full approval by the AMA Council on Medical Education.

The AMA received a written apology from Health Education and Welfare Secretary Califano for the release of the error-ridden list of physicians who had allegedly received payments of \$100,000 from the Medicare program in 1975. MSMS, as well as other state societies and the AMA, had called for such an apology.

Donald N. Sweeny, Jr., MD, Detroit, was reelected chairman of the AMA's Council on Medical Service.

MSMS Task Force on Medical Cost Containment was given the authority to develop an MSMS program for containing medical care costs. The focus was on coordinating the admission surgical schedules, more use of outpatient surgery, early and pre-admission testing, cost effective laboratory and X-ray services, early discharge, and development of primary care centers.

The Council found acceptable the wording of the proposed Michigan Medical Treatment Termination Act which addressed the "death with dignity" issue.

TIMELINE

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- | | |
|------|--|
| 1966 | <i>Title XIX, Medicaid, goes into effect</i>
<i>MSMS supports establishment of 4-year medical school at MSU</i>
<i>A. Stewart Kerr is named new MSMS legal counsel; Lester P. Dodd becomes general counsel</i> |
| 1965 | <i>MSMS celebrates its Centennial Year</i> |

1976-1977



Robert M. Leitch, MD

President:
President-Elect:
Past President:
Secretary:
Treasurer:
Speaker:
Vice-Speaker:

Council Chair:
Council Vice Chair:

Director:

Robert M. Leitch, MD, Battle Creek
Vernon V. Bass, MD, Saginaw
Brock E. Brush, MD, Detroit
Kenneth H. Johnson, MD, Lansing
John R. Ylvisaker, MD, Pontiac
James D. Fryfogle, MD, Southfield
David Siegel, MD, Lansing

Ernest P. Griffin, Jr., MD, Flint
Louis R. Zako, MD, Dearborn Heights

Warren F. Tryloff

In big news this year, the Brown-McNeely Fund was created after attempts by the State of Michigan to alleviate the malpractice problem. The fund was designed to serve as an interim solution to the availability problem. MSMS felt the fund should be financed by premiums paid by the doctors insured by the fund, and if the fund failed to adequately estimate losses incurred, the state general fund should provide for refinancing rather than an assessment against all physicians - whether they were insured by the fund or not.

The Council reported that various measures were being sought such as a clear definition of malpractice to differentiate it from a poor result, a fixed statute of limitations for all persons over the age of eight, an alternative to the contingency fee system, regional restriction on and monitoring of expert witnesses, and a ceiling on awards for pain and suffering.

In 1975, under the direction of the House, the Michigan Physicians Mutual Liability Company was legally incorporated. An interim Board of Directors was elected, representing a range of specialties and areas. The \$3 million capitalization fund was nearly at hand this year, with the doctor-owned and operated company awaiting the final approval of the insurance commissioner.

In 1975, the MSMS Commission on Continuing Education became the accrediting body for hospitals, institutions and organizations seeking to become providers of Category I CME in Michigan. Since then, the Commission has accredited 14 hospitals, with another 36 applications indicating a desire for accreditation. In this regard, MSMS would try to convince the legislature to require 150 hours of continuing medical education over three years, rather than 50 hours each year. To do this, the licensing law would have to be changed to permit license renewal every three years.

A Blue Cross/Blue Shield Cost Containment Proposal was presented to The Council via two committees. The position paper they presented informed BC/BS that physicians would support the plan, but urged them to conduct a public education program, informing the public of the voluntary subsidy that physicians would be making.

MSMS was one of six state medical societies to receive a \$25,000 sub-grant from the AMA to study the delivery and to improve the quality of medical care and health services in jails.

With an eye for future expansion, MSMS purchased land adjacent to the headquarters building.

Also this year, due to the passage of the Michigan Arbitration Law, each county medical society was requested by The Council to establish an arbitration committee. MSMS offered arbitration forms to all doctors and conducted workshops in key areas of the state.

Finally, the staff organized a new Office of Special Services to provide management and executive secretarial services to specialty societies. Four groups were initially served.

MSMS sponsors Healthmobile – health museum on wheels

MSMS members urged to join MDPAC

MSMS authorizes establishment of Judicial Commission

Medicare legislation enacted

1975-1976



Brock E. Brush, MD

President:
President-Elect:
Past President:
Secretary:
Treasurer:
Speaker:
Vice-Speaker:

Council Chair:
Council Vice Chair:

Director:

Brock E. Brush, MD, Detroit
Robert M. Leitch, MD, Battle Creek
Brooker L. Masters, MD, Fremont
Kenneth H. Johnson, MD, Lansing
John R. Ylvisaker, MD, Pontiac
Vernon V. Bass, MD, Saginaw
James D. Fryfogle, MD, Southfield

Ernest P. Griffin, Jr., MD, Flint
Robert C. Prophater, MD, Bay City

Warren F. Tryloff

A large portion of The Council's time and work this year went into efforts to solve the professional liability insurance problem. However, other objectives included continuing education, legislation, Medicaid, and member services.

The malpractice situation deteriorated rapidly this year. Thus, The Council instructed the Committee on Professional Liability to seek a statewide, MSMS-sponsored plan of professional liability insurance. Insurance experts were retained, but no insurance company would consider expanding its market. Instead, all were reducing their exposure and, in some cases, withdrawing entirely from the market. A package of bills, supported by MSMS, was created to improve the climate by reducing nuisance suits, providing for binding contractual arbitration, and tightening up the statute of limitations. President Brooker Masters, MD and other leaders made many presentations before important groups to discuss the malpractice crisis.

Concurrent with legislative activity, MSMS embarked upon a program to inform the public of the impending crisis, and to seek its support. At the same time, a task force was directed to further investigate the feasibility of a physician owned and operated mutual insurance company for MSMS members. The structure of the company, the policy type, limits of liability and rate structure were studied and reported to the House and membership. The Michigan Board of Insurance set up a capitalization requirement of \$5 million for the proposed company. This amount would be sought by members through the issuance of redeemable interest-bearing surplus certificates at a cost of \$1,000 each. A management firm would be retained and operated under the direct control of the original incorporators selected by MSMS.

Major efforts were also made to communicate with the public to raise awareness of the difficult situation regarding availability and cost of liability insurance for physicians. Over 500,000 informational pamphlets developed by MSMS were distributed through doctors' offices, as well as the regular media outlets in-

cluding press, radio, and television. An advertising campaign was conducted for all the major daily newspapers.

The Ad Hoc Committee on Peer Review Systems reported that the Michigan State Medical Society entered into a contract with the Department of Health Education and Welfare to operate a statewide Professional Standard Review Organization (PSRO) support center in the state. It began operation in mid-1974, fulfilling the Society's goal of assisting physicians as they strive to come to terms with the law. Organizing groups in the Upper Peninsula and in Genesee, Shiawassee and Lapeer counties contracted with HEW to plan PSROs for their respective areas. Other organizing groups comprised primarily of county medical leaders came into existence in the rest of the state.

Continuing education was also a focus this year. MSMS received one-year provisional approval from the AMA Council on Medical Education to accredit a continuing medical education program in Michigan. The first survey was of Sparrow Hospital in Lansing.

MSMS added considerable substance to its continuing medical education activities in 1976 by sponsoring several successful CME Category I conferences, including the MSMS Annual Scientific Meeting, MSMS Conference on Maternal Health, and Conference on Medical Aspects of Organized Athletics. It also cooperated in the sponsorship of the AMA's Category I courses at Southfield in the spring and at Marquette during the summer.

Member Services was enhanced this year with MSMS' installation of the IBM System 32 computer. With the new system, MSMS was able to handle all dues billing, collections, and processing. It also provided mailing labels, membership reports and meeting registrations.

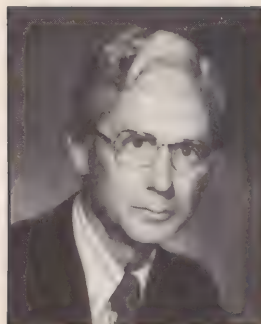
TIMELINE

1965 *Medicine and osteopathic professions strengthen relationship*

1964 MSMS's first executive director, Wm. J. Burns, retires; Hugh W. Brenneman named his replacement; Warren F. Tryloff becomes associate director

MICHIGAN MEDICINE is introduced replacing THE JOURNAL; MEDIGRAM created

1973-1974-1975*



Brooker L. Masters, MD

President:
President-Elect:
Past President:
Secretary:
Treasurer:
Speaker:
Vice-Speaker:

Council Chair:
Council Vice Chair:

Director:

Brooker L. Masters, MD, Fremont
Brock E. Brush, MD, Detroit
John J. Coury, MD, Port Huron
Kenneth H. Johnson, MD, Lansing
John R. Ylvisaker, MD, Pontiac
Vernon V. Bass, MD, Saginaw
James D. Fryfogle, MD, Southfield

Robert M. Leitch, MD, Battle Creek
Robert C. Prohater, MD, Bay City

*Officers served 18-month terms

Warren F. Tryloff

In 1973, the MSMS House of Delegates implemented a changeover from a Fall annual session to a Spring annual session. To smooth the transition, the House simply extended the terms, on a one-time basis, of all officers and Councilors for six months. Their terms began September 1973 and ran until the 1975 Spring Session of the House of Delegates.

The Council adopted several objectives for 1974: Peer review systems; membership recruitment and retention; relief from the malpractice situation; to strengthen influence with State and Federal legislators and agencies; to improve methods of providing leadership and information to membership; and to strengthen the unified position of the medical profession toward health proposals and practices.

The U.S. Department of Health, Education and Welfare (HEW) proposed eight Professional Standard Review Organizations (PSRO) in Michigan this year, and asked for written comments. MSMS immediately filed a report at an HEW hearing stating that the MSMS component societies favored 11 PSRO regions for the state, excluding Wayne County. Also, HEW promulgated regulations relating to the Professional Standard Review Law. MSMS endorsed the concept of a statewide support center for Professional Standard Review Organizations (PSROs) in order to remain a force in the law's implementation, and to equip local physician groups with resources to plan and negotiate acceptable contracts. An application was filed with HEW seeking a planning award to create a statewide MSMS support center for regional PSROs. The MSMS recommendations reflecting the desires of component societies regarding PSRO area designations were approved. The state divided these into 10 areas.

In Medicaid news, MSMS advised its members not to sign the 1973 provider agreement required for reimbursement for Medicaid services. To try and seek a solution to the impasse, the Governor's office invited MSMS leadership to meet. A committee headed by Vice-Speaker James D. Fryfogle, MD conferred with the Governor's special committee and developed a new "Physicians and Dentists

Identification Form." This form would remove physicians' objections while still providing information to the Medicaid program as required by the Michigan Department of Social Services. Also, through a series of negotiating sessions the committees succeeded in resolving other problems - including coverage for emergency services, outpatient psychiatric care, and coverage for newborn infants of Medicaid mothers.

In anticipation of health maintenance organization legislation at the state level, MSMS filed an MSMS position paper with the Governor's office on the subject. Introduction of this legislation was expected the following year.

During the Spring session of the Legislature, the Doctor-of-the-Week program continued with 16 members participating. Several doctors increased their effectiveness by bringing their spouses as guests.

The Planning and Priorities Committee continued its work to review the MSMS committee structure and its organization. However, the Committee's recommendations were so complicated and so important it was felt they deserved more study. Therefore, The Council asked that the House delay any final action until the Spring 1974 meeting of the House.

The Council authorized staff to offer dues collection service to component medical societies on a voluntary basis this year. This was done to try and increase MSMS' services to these groups. Thirty-five county societies availed themselves of this service, which reduced the work for the component secretaries and hastened the receipt of dues income for all parties.

On January 1, 1993 membership stood at 8,168.

Also this year, an agreement was reached with the Michigan

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- 1962 MSMS appoints committee to study relationship between MD's and DO's
 - 1961 MSMS headquarters opens in April, dedication ceremonies held on June 4
 - Special House of Delegates session held to discuss impending Medicare legislation
 - MSMS establishes department of economics

Psychiatric Association to establish an office in MSMS headquarters, with MSMS staff serving as part-time support to the MPA. This relationship follows the precedent set when MSMS served in part-time capacity for the American College of Emergency Physicians three years ago.

The Council moved in new directions in addressing the malpractice situation, but found no solutions. The Council did begin a dialogue with the State Bar of Michigan and continued to study the possibility of starting its own insurance company.

The 1972 House of Delegates charged a Commission on Continuing Medical Education to "develop a flexible series of minimal continuing medical education standards for the physicians practicing in Michigan." To meet the requirements of the AMA Council on Medical Education, this type of program would require 150 hours of continuing education over three periods. Such

a program of accreditation has been instituted in other states with considerable interest by hospital staffs. The House approved the proposal in principal and authorized the Commission to proceed.

In 1975, the Medical Practice Act was amended requiring all physicians to complete 50 hours of approved CME courses as a condition of annual renewal of licensure. This was modified in 1977 making it possible for doctors to earn 150 hours over a three-year period, with 75 of these hours being in Category I.

The House also reviewed the Report of the Task Force on Graduate Medical Education, which focused on a Statewide House Officers Training System (SHOTS). The House authorized The Council to continue to participate in the evaluation of SHOTS, and lent its support to the study of the private non-profit corporation that would be created to operate the system.

1972-1973



John J. Coury, MD

President:
President-Elect:
Past President:
Secretary:
Treasurer:
Speaker:
Vice-Speaker:

Council Chair:
Council Vice Chair:

Director:

John J. Coury, MD, Port Huron
Brooker L. Masters, MD, Fremont
Sidney Adler, MD, Detroit
Kenneth H. Johnson, MD, Lansing
John R. Ylvisaker, MD, Pontiac
Vernon V. Bass, MD, Saginaw
James D. Fryfogle, MD, Detroit

Robert M. Leitch, MD, Battle Creek
Brock E. Brush, MD, Detroit

Warren F. Tryloff

Physician assistant legislation was a big topic for MSMS membership this year. A new bill, which was adopted by the State Legislature in its final week, created a commission within the Department of Public Health to define quality criteria for training, experience, and education for physician assistants in Michigan. Under the bill, physicians may delegate selected tasks and acts to physician assistants which fall under the doctor's direction and control.

On the subject of fee increases, physicians who hadn't increased their fees since January 1, 1971, might have had the opportunity to raise them by a cumulative five percent effective at the beginning of 1973. Previously, physicians were permitted to increase fees 2.5 percent annually without seeking prior approval by the Internal Revenue Service, but they must be prepared to justify the increase.

After 35 years as a statute, Michigan's Basic Science Law was repealed this year, ending MSMS' long effort to over-ride the restrictive effects of the law.

Total class sizes in Michigan medical schools will be increased

thanks to a legislative appropriation of funds. MSMS was involved in bringing about the change, which will increase total class sizes by 221 students in 1972. Also this year, the three schools received federal grants for family practice preceptorships.

In January of 1972 membership stood at 8,101.

At its Spring Meeting in 1972, the House of Delegates considered the Articles of Incorporation and Bylaws for the proposed MSMS Foundation. The House approved Draft #8 as amended by a reference committee and directed that the Foundation, Michigan Medical Programs, Inc., be established at the state level. This way,

TIMELINE

- 1959 Groundbreaking for new MSMS headquarters in East Lansing
- 1957 MSMS conducts statewide market opinion survey on medical repayment
- MSMS Michigan Clinical Institute features heart operation on live TV emanating from Grace Hospital
- 1955 Michigan Foundation for Medical and Health Education administers student loan fund

peer review would be implemented at the direction of The Council. Shortly thereafter, the Michigan Association of Osteopathic Physicians and Surgeons Board of Trustees voted to rescind its previous action of pursuing the formation of a foundation with MSMS. Instead, it adopted a motion to pursue the establishment of an osteopathic foundation.

New membership benefits were put in place this year. A car leasing program was installed at special rates. In the signed agreement with the car rental corporation, a 20 percent discount would be extended to MSMS members. Also this year, the MSMS disability program was broadened by offering low-cost disability insurance to interns and residents under age 34 who become associate members. Another new benefit was the addition of Blue Cross/Blue Shield

coverage for widows of MSMS members.

Continuing medical education for MSMS members was also under review this year. Thus, the usual spring series of programs sponsored by the MSMS Committee on Postgraduate Medical Education was not presented. During the previous year, the Committee sent speakers to 18 communities in the lower and upper peninsulas.

A Michigan Workshop on Alcoholism and Drug Abuse was held at the MSU Kellogg Center. The conference, which was presented to physicians and the public, was sponsored jointly by the MSMS Committee on Alcohol and Drug Dependence and the Governor's Office of Drug Abuse and Alcoholism.

1971-1972



Sidney Adler, MD

President:
President-Elect:
Past President:
Secretary:
Treasurer:
Speaker:
Vice-Speaker:

Council Chair:
Council Vice Chair:

Director:

Sidney Adler, MD, Detroit
John J. Coury, MD, Port Huron
Harold H. Hiscock, MD, Flint
Kenneth H. Johnson, MD, Lansing
John R. Ylvisaker, MD, Pontiac
Vernon V. Bass, MD, Saginaw
James D. Fryfogle, MD, Detroit

Brooker L. Masters, MD, Fremont
Robert M. Leitch, MD, Battle Creek

Warren F. Tryloff

In December of 1971, MSMS leaders met with Governor William Milliken to seek executive support for the proposed revised medical practice act. The bill would empower the Board of Registration to issue limited licenses, give the Board flexibility in determining passing performances in licensure exams, and establish a "sick doctors act" to cover such exigencies without revocation of license.

Also this year, MSMS requested a copy of the Federal Phase II Regulations on Physician and Hospital Prices. The regulations were required to be submitted by the Price Commission to the Cost of Living Council prior to publication. A Commission statement said, "aggregate price increase shall not exceed 2.5 percent per year" and that it must be justified by increases in cost. The state also said each physician would be required to maintain a price schedule and make it available for public inspection.

The 1971 legislative record on health matters included new laws establishing drug controls, regulating snowmobile operations, and lowering blood alcohol content levels for presumed impaired ability to drive. It also raised annual re-registration fees for all health

professions, effective for MDs in 1973, and passed a law requiring an MD or DO on all single county health boards.

The Council worked on several fronts with the issue of professional liability. It authorized a feasibility study which could result in an MSMS-sponsored malpractice insurance plan, requested the Insurance Commissioner to call a special conference on professional liability among the professions, continued the effort for legislative relief, and cooperated with a Joint House-Senate Study Committee.

After a diligent search of the official records, staff completed work on the MSMS Policy Manual which contained a complete listing of existing MSMS policies approved by The Council and

MSMS sets fee for Salk vaccine at \$2

Enrollment in Michigan Medical Service (Blue Shield) is 3,007,391

1954 Beaumont Memorial dedicated – MSMS officially presents Memorial to State of Michigan

MSMS and Washtenaw County Medical Society present one of the first medical TV programs on WPAG-TV's "Drama of Life"

the House of Delegates. It was to be available for use by councilors, delegates, and component societies.

The new Bureau of Economic Information, which was created by the House last year, completed two surveys - one on statewide fees and another on the increased costs of practice. The survey of overhead costs indicated that the MSMS position - which stated that costs of practice had increased more rapidly than revenues - was correct. The survey of fees confirmed the validity of the Relative Value Study on a statewide basis.

Also this year, articles of incorporation and bylaws of the proposed Michigan Foundation "Medical Programs, Inc." were presented to the House. The primary function of the Foundation would be to do peer review. It would not operate as an insurance carrier nor would it process claims. The foundation would have the capacity to contract with insurance carriers and governmental agencies. Because this was a major new enterprise, the House decided to return the matter to The Council with several suggested changes and a recommendation that the Speaker call a special meeting of the House to consider final approval.

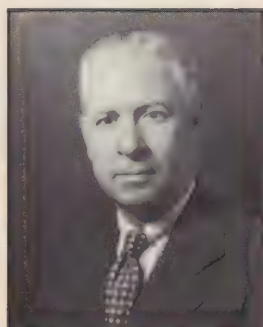
In January 1971 membership stood at 8,062.

A new Spring meeting of the MSMS House of Delegates was scheduled and planned for March - following a resolution providing for two meetings of the House, one in the Spring and one in the Fall.

For the past two years, executive secretarial services had been provided to the American College of Emergency Physicians, the first organization utilizing this service where MSMS would provide the services and office space for a fee. The arrangement was very successful and the College grew at a rapid rate, eventually outgrowing the available office space. This necessitated a move to larger quarters in East Lansing. Officers of other specialty societies were informed of the available services from MSMS.

In his speech before the 1970 House, President Harold H. Hiscock, MD, urged improved liaison, understanding and communications among the specialty organizations and between representatives of those groups and MSMS. This resulted in an invitation to Glenn D. Moore, MD, Flint, to attend Council meetings as a guest whenever the need for communication arose. Doctor Moore was serving as moderator of the newly organized Council of Specialty Societies.

1970-1971



Harold H. Hiscock, MD

President:
President-Elect:
Past President:
Secretary:
Treasurer:
Speaker:
Vice-Speaker:

Harold H. Hiscock, MD, Flint
Sidney Adler, MD, Detroit
Robert J. Mason, MD, Birmingham
Kenneth H. Johnson, MD, Lansing
John R. Ylvisaker, MD, Pontiac
Vernon V. Bass, MD, Saginaw
James J. Fryfogle, MD, Detroit

Council Chair:
Council Vice Chair:

Ross V. Taylor, MD, Jackson
Brooker L. Masters, MD, Fremont

Director:

Warren F. Tryloff

By resolution in 1969, the House of Delegates directed that "MSMS undertake a full study to include all aspects - favorable and unfavorable - with all the ramifications of the feasibility of discontinuing our historical relationship with the Michigan Medical Service." Accordingly, a study was begun in June 1970 by a Council Task Force. The study report was long and detailed and presented the pros and cons as requested. The Task Force was not asked by the resolution to make a recommendation and did not do so, referring the study back to the House for consideration and possible action.

TIMELINE

Membership reaches 5,239

1953 Michigan Health Council takes over physician placement program
Attendance at 1953 MCI is 2,283; MSMS Annual Session draws 3,266
Baumont Memorial cornerstone laid on Mackinac Island

The legislature gave approval to the Basic Science Amendment, endorsed by MSMS. The amended law would exempt graduates of accredited medical schools in the U.S. from taking the basic examination. The Medical Society had urged outright repeal of the law for several years, but legislative efforts this year were directed toward amending the law as a partial solution to the problem of the outdated law. It was hoped that the new development would make Michigan more attractive for physicians and would help alleviate the state's shortage of doctors.

A new legislative project was launched in 1970 which utilized the talents of physicians for the lobbying efforts in Lansing. The program was approved by the 1969 House and involved one volunteer physician each week who would lobby the medical profession in the State Capitol. Nineteen volunteers were selected to become members of what had been dubbed "Medicorps." MSMS was the only state society to conduct such a volunteer lobbying program.

The management study conducted by the Alexander Grant organization was submitted to The Council in May 1970. The study contained recommendations for improving, streamlining, and increasing the efficiency of the MSMS management. Speaker James B. Blodgett, MD, served as acting chairman. Recommendations reshaped the management operations under three departments: Government Relations; Communications and Professional Information; and Operations and Economics.

Coinciding with the adoption of the study recommendations, MSMS Executive Director Hugh W. Brenneman announced his in-

tention to run for political office, and that he would seek a seat in the State Senate. The Council then appointed Warren F. Tryloff as the new MSMS director.

During the past year, The Council created a Committee on Planning and Priorities with a goal of establishing long-range objectives for MSMS. The committee planned to take a long look at the complicated structuring of The Council and its committees. The committee's purpose, in general terms, was to plan for the activities of MSMS and to recommend priorities according to the relative importance of each, taking into consideration available resources.

A new "umbrella" plan became available which would provide excess liability coverage above basic insurance. It was applicable to professional liability, office, auto, and resident plus an excess major medical feature. The premium cost for the MSMS plan was less than comparable plans.

After the one-year trial period, the MSMS executive secretarial service provided to the American College of Emergency Physicians was found to be advantageous to both parties and inquiries regarding similar arrangements were received from two other specialty organizations.

MSMS Council Chairman Ross V. Taylor was selected by the AMA as the only state society spokesman to testify at a Health Education and Welfare hearing in Washington, DC. Doctor Taylor made several suggestions for controlling medical costs, and he cautioned that fee ceilings could prevent proper patient care.

1969-1970



Robert J. Mason, MD

President:
President-Elect:
Past President:
Secretary:
Treasurer:
Speaker:
Vice-Speaker:

Council Chair:
Council Vice Chair:

Executive Director:
Associate Executive Director:

Robert J. Mason, MD, Birmingham
Harold H. Hiscock, MD, Flint
James J. Lightbody, MD, Detroit
Kenneth H. Johnson, MD, Lansing
John R. Ylvisaker, MD, Pontiac
James B. Blodgett, MD, Royal Oak
Vernon V. Bass, MD, Saginaw

Ross V. Taylor, MD, Jackson
Ralph R. Cooper, MD, Detroit

Hugh W. Brenneman
Warren F. Tryloff

As the attention on liability insurance increased, The Council decided not to adopt a new malpractice insurance plan recommended by MSMS. Instead, it authorized the implementation of a sponsored umbrella insurance plan for all members as recommended by the MSMS insurance consultant. The naming of a carrier was deferred pending further study.

House of Delegates approves an MSMS-sponsored group health and accident insurance program for its membership

- 1952 THE JOURNAL celebrates its Golden Anniversary
- BCBMS opens enrollments to individuals for first time
- 1951 Woman's Auxiliary celebrates 25th anniversary

In legislative matters, 1969-70 was a year of steadily increasing legislative involvement. More than 3,000 separate legislative proposals were examined. Two hundred of these were given progress reports in MSMS periodicals. Fifteen bills sponsored or endorsed by MSMS were enacted into law during the session. Included were such matters as the Uniform Anatomical Gift Act, which provides protection for those releasing or utilizing medical information; authority for minors to give consent for the treatment of venereal disease; a vastly expanded medical examiner system; improved protection against liability for health officers; and increased latitude in the use of public health nurses.

Major effort was expended on a series of proposals to create educational programs in Michigan for doctors of osteopathy. MSMS opposed a separate free-standing osteopathic college. The legislature finally enacted a bill providing for a college of osteopathy within one of the three Michigan universities having a medical school, providing such a school would agree to accept a DO college. Control over the DO program would be vested in the university by this law and not in a separate osteopathic board.

Also this year, an investigation into Medicaid payments was conducted by the U.S. Senate Finance Committee and the Michigan legislature. The purpose was to evaluate reimbursement mechanisms for payment of physician services. MSMS officially requested that the state agency and the fiscal agent provide the names of any physicians who received \$25,000 or more a year

under the Medicaid plan and against whom there is suspicion of wrong doing or unethical conduct. No alleged abuses had been reported to MSMS.

In an effort to increase its organizational efficiency, MSMS secured the services of the Alexander Grant Company, a management consulting company. After a brief survey, a two-phase study was recommended. Phase I would focus on operations, which included personnel, motivation, new job descriptions, and study of the whole operational structure. Phase II was not considered at this time, but would be of the very broadest type. The Council was authorized by the House to embark upon the studies as it saw fit.

To increase liaison with specialty groups The Council decided, on a one-year trial basis, to provide secretarial services to the American College of Emergency Physicians. The College would pay for the use of personnel and office space. If the experiment proved valuable to both parties, the service would be offered to other associations close to MSMS.

In his remarks to the House, Council Chairman Ross V. Taylor, MD, favored the idea of adding a representative from one of the three Student American Medical Association chapters to some of the MSMS committees. They would serve as advisors and participate fully in all the deliberations. Like other committee members, they should also receive reimbursement for their travel and expenses.

Membership was 7,951 on January 1, 1970.

1968-1969



James J. Lightbody, MD

President:
President-Elect:
Past President:
Secretary:
Treasurer:
Speaker:
Vice-Speaker:

James J. Lightbody, MD, Detroit
Robert J. Mason, MD, Birmingham
Bradley M. Harris, MD, Ypsilanti
Kenneth H. Johnson, MD, Lansing
John R. Ylvisaker, MD, Pontiac
James B. Blodgett, MD, Detroit
Vernon V. Bass, MD, Saginaw

Council Chair:
Council Vice Chair:

Ross V. Taylor, MD, Jackson
Ralph R. Cooper, MD, Detroit

Executive Director:
Associate Executive Director:

Hugh W. Brenneman
Warren F. Tryloff

A special report on professional liability insurance was presented to the House after investigating a proposed program of an MSMS-sponsored plan. The report reviewed the beginning withdrawal of coverage by the Medical Protective Company and noted that the company had no objection to MSMS seeking a sponsored plan. However, no recommendation was made because the proposed sponsor of the plan could not at that time say what premium would be charged. The House empowered the Insurance Committee and The Council to act on its behalf to obtain group coverage once the premium quotation was received.

TIMELINE

- MSMS moves its headquarters to 606 Townsend, Lansing
- 1950 U-M Medical School commemorates 100th year
- 3,044 register at 85th MSMS Annual Session
- 1949 Wayne County Medical Society celebrates its centennial year

The Asset Management Program adopted by the House of Delegates in Special Session, February, 1968, was updated by Treasurer John R. Ylvisaker, MD. The plan was successfully implemented with a mortgage which was obtained from Michigan National Bank, and with the appointment of a Board of Managers which would oversee and manage the funds. It was also decided that the Board would report directly to The Council.

The work book, "Where We Stand," was distributed to the House. Just as its predecessor showed last year, the document challenged medical interest by discussing the opportunities, responsibilities and problems of the profession in the changing environment in which doctors practice, and in which the organization functions.

A study of the relationship between MSMS and Blue Shield resulted in the Ad Hoc Study Committee recommending, unanimously and unequivocally, the continuation of the present relationship between MSMS and the Michigan Medical Service.

Membership was 7,858 on January 1, 1968.

Expressing a deep concern that all people have an opportunity to better themselves through individual initiative and hard work, The Council appointed a committee to identify any unmet medical needs that exist among the disadvantaged in cities, and to recommend action programs to meet those needs.

To further meet its responsibility in post-graduate medical education, MSMS sponsored the Seventh Annual Conference on Maternal and Perinatal Welfare, and the Annual Diet Therapy Conference. MSMS also cooperated in presenting other programs,

including the 1968 Conference on Health Planning, the annual Workshop on Medicine and Religion, and the MSMS Conference on the Medical Aspects of Michigan High School Sports.

MSMS and the Michigan Health Council purchased their second major order of "Careers Unlimited," the AMA career handbook with eight pages of Michigan information. The booklets were distributed to schools, libraries, and youth groups.

A legislative bill to establish a Single Medical Practice Act was in the hands of the MSMS Legal Affairs Committee. This was prompted by the action of the House, which in 1968 empowered The Council to approve the proposed bill and cause it to be introduced as they saw fit.

Educational conferences on the broader aspect of health quackery were held in Detroit and Lansing. The conferences were open to physicians and the public. A recommendation that there be a new ongoing Committee on Health Quackery was adopted by The Council. The committee's purpose would be to carry out an educational effort.

As directed by the 1967 House, The Council encouraged component medical societies to offer associate memberships to osteopaths on an individual basis. The Council also outlined provisions whereby these individuals could be admitted to associate memberships in MSMS.

The House was informed that a suitable framed copy of a commendatory resolution was presented to Louis F. Hayes, MD, who retired as vice-speaker of the House.

1967-1968



Bradley M. Harris, MD

President:
President-Elect:
Past President:
Secretary:
Treasurer:
Speaker:
Vice-Speaker:

Bradley M. Harris, MD, Ypsilanti
James J. Lightbody, MD, Detroit
C. Allen Payne, MD, Grand Rapids
Kenneth H. Johnson, MD, Lansing
John R. Ylvisaker, MD, Pontiac
James B. Blodgett, MD, Detroit
Vernon V. Bass, MD, Saginaw

Council Chair:
Council Vice Chair:

Robert J. Mason, MD, Birmingham
Ross V. Taylor, MD, Jackson

Executive Director:
Associate Executive Director:

Hugh W. Brenneman
Warren F. Tryloff

As the result of an MSMS asset management study conducted by Treasurer John R. Ylvisaker, MD, The Council and the House received recommendations to seek a mortgage on the MSMS headquarters. The amount was to be between \$600,000 and \$700,000 in order to create a Capital Reserve Fund. The purpose of the fund would be to provide for accumulated depreciation of furnishing and equipment, plus two months operating expenses.

Michigan Health Council hires full-time executive director

First color TV broadcast at postgraduate medical seminar in Detroit, telecast from Grace Hospital to Masonic Temple

1947 First Michigan Clinical Institute held in Detroit

Michigan Medical Service named fiscal agent for Veteran's Administration

The House approved of the new asset management plan in principal, but laid it over until the 1968 House. This would allow a committee of the House and the general membership to have time to understand the plan.

In national news, the U.S. Department of Health, Education and Welfare required designation of specialists by the Medicare carrier. Accordingly, the 1966 House adopted a definition of a specialist. Because of this, some questions were raised which prompted a review at the 1967 House meeting. Believing that any definition should be made by the House rather than by the federal government, the House reaffirmed the 1966 definition of a specialist.

With regret, The Council accepted the resignation of O.B. McGillicuddy, MD as MSMS Secretary in June. The Council made a suitable presentation recognizing him for his long record of faithful service to organized medicine. The Council then appointed Kenneth H. Johnson, MD to fill the unexpired term.

Membership was 7,710 on January 1, 1967.

The Medical Aid Station at the State Capitol Building con-

tinued in 1967. With the cooperation of the Ingham County Medical Society, MSMS defrayed the expense of a staff nurse while local physicians volunteered to serve in emergencies and to take referred calls. The Council expressed its appreciation to the doctors who provided this valuable service.

A new public relations effort debuted this year as well. MSMS produced short films featuring MSMS officials being interviewed by Executive Director Hugh W. Brenneman. The films were distributed to 20 television stations throughout Michigan.

Finally, matters referred by the 1966 House to The Council for action included:

- Support of a four-year medical school at Michigan State University
- Support of maximum development of the medical schools at Wayne State University, the University of Michigan, and Michigan State University.
- The repeal of the Basic Science Law

1966-1967



C. Allen Payne, MD

President:
President-Elect:
Past-President:
Secretary:
Treasurer:
Speaker:
Vice-Speaker:

C. Allen Payne, MD, Grand Rapids
Bradley M. Harris, MD, Ypsilanti
Luther R. Leader, MD, Birmingham
Oliver B. McGillicuddy, MD, Lansing
John R. Ylvisaker, MD
James J. Lightbody, MD, Detroit
Louis F. Hayes, MD, Gaylord

Council Chair:
Council Vice Chair:

Robert J. Mason, MD, Birmingham
Ross V. Taylor, MD, Jackson

Executive Director:
Associate Executive Director:

Hugh W. Brenneman
Warren F. Tryloff

This year in Council news, it was announced that Lester P. Dodd, Esq. would become general counsel of MSMS, and A. Stewart Kerr, Esq. would become legal counsel. Dodd continued to write legal opinions and serve as advisor to the Judicial Commission and the House of Delegates. Kerr had worked with The Council and MSMS committees, which required his experience and advice. Dodd had served as legal counsel for 10 years, and now needed some assistance as MSMS requirements for legal advice increased.

The Council accepted the resignation of D. Bruce Wiley, MD as MSMS secretary due to his mid-year acceptance of a full-time position with the Michigan Department of Health and his retirement from active practice. The Council elected long-time Council member Oliver B. McGillicuddy, MD to replace Doctor Wiley. Doc-

tor McGillicuddy served as Council chairman for two years, and MSMS president from 1964-65.

In July 1966, MSMS suffered a great loss in the passing of William A. Hyland, MD, long-time treasurer for the society. He was eulogized in an issue of MICHIGAN MEDICINE for his outstanding

TIMELINE

Office of Veterans' Affairs adopts Michigan's Uniform Fee Schedule for Governmental Agencies

MSMS studies medical and hospital facilities at Jackson prison

1946 MSMS Annual Session has record-breaking attendance of 2,866

First Rural Health Conference held

record of service to medicine, business, education and the community. Doctor Hyland served as MSMS president from 1946-47. He also served as treasurer from 1932-44 and again from 1952 until his death.

On June 30 membership was 7,296.

MSMS has had a close association with the Michigan Health Council over the years because of the many functions and services it performed that were of benefit to health and medicine in general. For example, the MCH has been responsible, in whole or part, for the placement of nearly 700 doctors of medicine in communities seeking physicians. It also served as the coordinating organization for the Michigan Council on Smoking and Health, promoting health careers through the First National Symposium on Health Careers which this year attracted delegates from over 30 states. Also, more than 100 health education television programs were produced during the past year.

MSMS liaised with the Michigan Association of Professions. MAP joined MSMS and the Michigan Health Council in sponsoring "Community Health Week" and assisted in the statewide "Get Out The Vote" campaign. Similar organizations have been formed in nine other states.

Also this year, MSMS sponsored the one-day Conference on Medical Aspects of High School Sports. The event was held at the University of Michigan Medical School to assist members who served as high school team physicians.

The Committee on Medical Socio-Economics made substantial progress on its long-range planning project, having experts prepare position papers dealing with the environment in which medicine would be practiced in 1980. Published papers included, "Future Physician Manpower Needs," "The Future of Organized Medicine," and "The Influence of Health Insurance on the Future Practice of Medicine."

In a portent of major future MSMS activities on behalf of Michigan physicians, The Council expressed deep concern about the precipitous rise of professional liability insurance premiums, especially in metropolitan areas. Many physicians were expected to pay substantially higher premiums when their present policies came up for renewal. This would be especially true of the Medical Protective Company policyholders in surgical categories who practiced in high claim areas. Component societies were alerted to this situation.

1965-1966



Luther R. Leader, MD

President:
President-Elect:
Past President:
Secretary:
Treasurer:
Speaker:
Vice-Speaker:

Luther R. Leader, MD, Birmingham
C. Allen Payne, MD, Grand Rapids
Oliver B. McGillicuddy, MD, Lansing
D. Bruce Wiley, MD, Utica
William A. Hyland, MD, Grand Rapids
James J. Lightbody, MD, Detroit
Louis F. Hayes, MD, Gaylord

Council Chair:
Council Vice Chair:

Harold H. Hiscock, MD, Flint
Robert J. Mason, MD, Birmingham

Executive Director:
Associate Executive Director:

Hugh W. Brenneman
Warren F. Tryloff

MSMS reached its 100th year in September, celebrating the occasion with the four-day Annual Scientific Session at Cobo Hall in Detroit. This popular program featured 132 outstanding speakers/medical authorities from 14 states, and a major new educational effort was evidenced by the many clinical demonstrations in the exhibit area. Other teaching programs included closed circuit television, breakfast discussion groups, luncheon meetings, general assemblies, and specialty programs.

A big hit for MSMS's community relations effort was the creation of the MSMS Healthmobile, a 12 x 50-foot health museum on wheels that experienced an estimated attendance of 80,000 from October through July. Dedicated at the 1965 Centennial Session, the mobile unit traveled across the state under the sponsorship of county

medical societies to tell school children and adults about developments in medical research and health care. Special exhibits were developed by the three medical schools, Michigan Department of Health, the Upjohn Company, Parke-Davis, and the AMA. Contributions toward the cost of developing the Healthmobile included

- 1945 MSMS approves Uniform Fee Schedule for Governmental Agencies
MSMS and U-M Department of Graduate Medicine air scientific radio presentations on WJR
War Commission on Conventions refuses to let MSMS hold its 80th Annual Session - meeting canceled
Michigan Foundation of Medical and Health incorporated, replacing 1942 Foundation

\$10,500 from the Sears-Roebuck Foundation; \$1,000 from Merck, Sharp and Dohme; and a grant from the AMA. With the help of a grant from MSMS, the Michigan Health Council took over the project in 1966.

In other news, John J. Coury, MD, Chairman of the Joint Committee on Medicine and Osteopathy, reported to the House of Delegates that after five years of studying the relationship of medicine and osteopathy, a better understanding of osteopathic physicians was found. This understanding included a closer association by means of joint hospital staffs and participation in post graduate programs.

In 1964 House activities, a directive was issued to begin an immediate exploration of all avenues and to work toward an eventual merger of medicine and osteopathy and resolution supporting an MSU College of Human Medicine was transmitted to MSU's executive office as well as to the appropriate legislative committees in Lansing.

In July 1966, The Council appointed a committee to work with the State Executive Office. Its task was to help shape the plans for the implementation of the Medicare law by the various governmental agencies.

The Michigan Health Council continued to expand its Professional Placement Program. This year, the program was respon-

sible, in whole or in part, for the placement of 71 doctors of medicine, 25 doctors of dentistry, and six doctors of veterinary medicine.

Also this year, The Council approved the Michigan Relative Value Scale as the basis for a fee schedule for negotiation with governmental agencies, with a conversion factor related to current and customary fees.

A Committee on the Medical Aspects of Organized Athletics was appointed and component societies were requested to urge their members to assist in the provision of medical services for "organized athletic programs."

In 1965, the House of Delegates established a 10-member MSMS Judicial Commission, to demonstrate the willingness of organized medicine to take effective action "in matters relating to professional ethics, grievances, mediation, discipline of members and professional conduct generally."

MSMS strongly urged members to participate in MDPAC, created in 1963 to give organized medicine a mechanism for providing political education and direct candidate support.

Other major events this year were:

- Title XIX, the Medicaid bill, went into effect
- MSMS went on record in support of a 4-year medical school at MSU

MSMS Presidents-for-a-Day



David Siegel, MD
Lansing
May 1, 1982

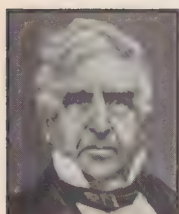
Doctor Siegel was elected President-for-a-Day by the MSMS House of Delegates upon his untimely retirement as MSMS Speaker due to illness.



Leland E. Holly, II, MD
Muskegon
May 6, 1989

Doctor Holly was elected President-for-a-Day by the MSMS House of Delegates in recognition of his longtime leadership as MSMS Treasurer.

AMA Presidents from Michigan



Zina Pitcher, MD
Detroit
1856 AMA President



William Brodie, MD
Detroit
1886 AMA President



Donald MacLean, MD
Detroit
1895 AMA President



Victor C. Vaughan, MD
Ann Arbor
1914 AMA President



John J. Coury, MD
Port Huron
1986 AMA President

TIMELINE

- 1944 MSMS sponsors series of 13 weekly programs on 12 radio stations
Michigan Health Council incorporated
Medical Veterans Readjustment Program created to assist returning medical officers
- 1943 2,175 Michigan doctors in US Armed Forces

Michigan State Medical Society

OFFICERS, 1866-1966

1866-1867

President:	Cyrus M. Stockwell, MD, Port Huron
1 st Vice President:	A. Platt, MD, Grand Rapids
2 nd Vice President:	J. H. Jerome, MD, Saginaw
3 rd Vice President:	J. H. Beech, MD, Coldwater
4 th Vice President:	E. J. Bonine, MD, Jackson
Recording Secretary:	George E. Ranney, MD, Lansing
Corresponding Secretary:	George P. Andrews, MD, Detroit
Treasurer:	Henry F. Lyster, MD, Detroit

1867-1868

President:	J. H. Jerome, MD, Saginaw
1 st Vice President:	Charles Shepherd, MD, Grand Rapids
2 nd Vice President:	Samuel G. Armor, MD, Detroit
3 rd Vice President:	I. H. Bartholomew, MD, Lansing
4 th Vice President:	Albert E. Leete, MD, Romeo
Recording Secretary:	George E. Ranney, MD, Lansing
Corresponding Secretary:	George P. Andrews, MD, Detroit
Treasurer:	A. Platt, MD, Grand Rapids

1868-1869

President:	William H. DeCamp, MD, Grand Rapids
1 st Vice President:	J. C. Wilson, MD, Flint
2 nd Vice President:	Richard Inglis, MD, Detroit
3 rd Vice President:	Alanson Cornell, MD, Flint
4 th Vice President:	Charles W. Southwell, MD, Monroe
Recording Secretary:	George E. Ranney, MD, Lansing
Corresponding Secretary:	George P. Andrews, MD, Detroit
Treasurer:	William Brodie, MD, Detroit

1869-1870

President:	Richard Inglis, MD, Detroit
1 st Vice President:	Charles T. Southwell, MD, Monroe
2 nd Vice President:	A. H. Alvord, MD, Clinton
3 rd Vice President:	William R. Marsh, MD, Fentonville
4 th Vice President:	William Brownell, MD, Utica
Recording Secretary:	George E. Ranney, MD, Lansing
Corresponding Secretary:	Henry F. Lyster, MD, Detroit
Treasurer:	D. O. Farrand, MD, Detroit

1870-1871

President:	I. H. Bartholomew, MD, Lansing
1 st Vice President:	William Brodie, MD, Detroit
2 nd Vice President:	Moses Porter, MD, Kalamazoo
3 rd Vice President:	William Parmenter, MD, Vermontville
4 th Vice President:	H. B. Barnes, MD, Ionia
Recording Secretary:	George E. Ranney, MD, Lansing
Corresponding Secretary:	William H. DeCamp, MD, Grand Rapids
Treasurer:	H. B. Baker, MD, Lansing

1871-1872

President:	Homer O. Hitchcock, MD, Kalamazoo
1 st Vice President:	Lenora Foster, MD, Otsego
2 nd Vice President:	L. W. Bliss, MD, Saginaw
3 rd Vice President:	Louis Fasquelle, MD, St. Johns
4 th Vice President:	B. Barnum, MD, Schoolcraft
Recording Secretary:	George E. Ranney, MD, Lansing
Corresponding Secretary:	William H. DeCamp, MD, Grand Rapids
Treasurer:	H. B. Baker, MD, Lansing

1872-1873

President:	Alonzo B. Palmer, MD, Ann Arbor
1 st Vice President:	John B. White, MD, Saginaw
2 nd Vice President:	William Parmenter, MD, Vermontville
3 rd Vice President:	E. Amsden, MD, Allegan
4 th Vice President:	James F. Noyes, MD, Detroit
Recording Secretary:	George E. Ranney, MD, Lansing
Corresponding Secretary:	H. B. Baker, MD, Lansing
Treasurer:	Gordon Chittock, MD, Jackson

1873-1874

President:	E. W. Jenks, MD, Detroit
1 st Vice President:	E. P. Christian, MD, Wyandotte
2 nd Vice President:	H. B. Landon, MD, Bay City
3 rd Vice President:	L. S. Stevens, MD, Three Rivers
4 th Vice President:	F. A. Rutherford, MD, Grand Rapids
Recording Secretary:	George E. Ranney, MD, Lansing
Corresponding Secretary:	Moses Porter, MD, Kalamazoo
Treasurer:	Gordon Chittock, MD, Jackson

Membership increases to 4,786

1942 MSMS Foundation for Postgraduate Medical Education formed

Plans for creating a Beaumont Memorial begin

1941 World War II declared: medical officers recruited

1874-1875

President:	R. C. Kedzie, MD, Lansing
1 st Vice President:	J. H. Beech, MD, Coldwater
2 nd Vice President:	J. Andrews, MD, Paw Paw
3 rd Vice President:	N. W. Webber, MD, Detroit
4 th Vice President:	A. B. Chapin, MD, Flint
Recording Secretary:	George E. Ranney, MD, Lansing
Corresponding Secretary:	Moses Porter, MD, Kalamazoo
Treasurer:	Gordon Chittock, MD, Jackson

1875-1876

President:	William Brodie, MD, Detroit
1 st Vice President:	James A. Brown, MD, Detroit
2 nd Vice President:	G. E. Frothingham, MD, Ann Arbor
3 rd Vice President:	H. B. Shank, MD, Lansing
4 th Vice President:	C. W. Backus, MD, Three Rivers
Recording Secretary:	George E. Ranney, MD, Lansing
Corresponding Secretary:	Leatrus Connor, MD, Detroit
Treasurer:	Gordon Chittock, MD, Jackson

1876-1877

President:	Abram Sager, MD, Ann Arbor
1 st Vice President:	Foster Pratt, MD, Kalamazoo
2 nd Vice President:	Eugene Smith, MD, Detroit
3 rd Vice President:	William Parmenter, MD, Vermontville
4 th Vice President:	George K. Johnson, MD, Grand Rapids
Recording Secretary:	George E. Ranney, MD, Lansing
Corresponding Secretary:	Edward Cox, MD, Battle Creek
Treasurer:	Gordon Chittock, MD, Jackson

1877-1878

President:	Foster Pratt, MD, Kalamazoo
1 st Vice President:	J. B. White, MD, Saginaw
2 nd Vice President:	T. A. McGraw, MD, Detroit
3 rd Vice President:	H. B. Barnes, MD, Ionia
4 th Vice President:	Thos. H. Briggs, MD, Mattawan
Secretary:	George E. Ranney, MD, Lansing
Treasurer:	Gordon Chittock, MD, Jackson

1878-1879

President:	Edward Cox, Battle Creek
1 st Vice President:	A. F. Whelan, MD, Hillsdale
2 nd Vice President:	J. R. Thomas, MD, Bay City
3 rd Vice President:	S. G. Banks, MD, Detroit
4 th Vice President:	E. B. Dunning, MD, Paw Paw
Secretary:	George E. Ranney, MD, Lansing
Treasurer:	George W. Topping, MD, Dewitt

1879-1880

President:	George K. Johnson, MD, Grand Rapids
1 st Vice President:	J. R. Thomas, MD, Bay City
2 nd Vice President:	D. O. Farrand, MD, Detroit
3 rd Vice President:	William F. Breakey, MD, Ann Arbor
4 th Vice President:	E. S. Snow, MD, Dearborn
Secretary:	George E. Ranney, MD, Lansing
Treasurer:	George W. Topping, MD, Dewitt

1880-1881

President:	J. R. Thomas, MD, Bay City
1 st Vice President:	E. P. Christian, MD, Wayndotte
2 nd Vice President:	J. W. Hagadorn, MD, Lansing
3 rd Vice President:	C. J. Lundy, MD, Detroit
4 th Vice President:	J. H. Bennett, MD, Coldwater
Secretary:	George E. Ranney, MD, Lansing
Treasurer:	George W. Topping, MD, Dewitt

1881-1882

President:	J. H. Jerome, MD, Saginaw
1 st Vice President:	William T. Breakey, MD, Ann Arbor
2 nd Vice President:	A. F. Kinnie, MD, Ypsilanti
3 rd Vice President:	S. S. French, MD, Battle Creek
4 th Vice President:	Dewitt C. Wade, MD, Holly
Secretary:	George E. Ranney, MD, Lansing
Treasurer:	George W. Topping, MD, Dewitt

1882-1883

President:	George W. Topping, MD, Dewitt
1 st Vice President:	S. S. French, MD, Battle Creek
2 nd Vice President:	Hugh McCall, MD, Lapeer
3 rd Vice President:	L. W. Bliss, MD, Lapeer
4 th Vice President:	A. M. Stevenson, MD, Adrian
Secretary:	George E. Ranney, MD, Lansing
Treasurer:	A. R. Smart, MD, Hudson

1883-1884

President:	A. F. Whelan, MD, Hillsdale
1 st Vice President:	Horace Tupper, MD, Bay City
2 nd Vice President:	I. S. Hamilton, MD, Tecumseh
3 rd Vice President:	H. B. Baker, MD, Lansing
4 th Vice President:	Augustus Kaiser, MD, Detroit
Secretary:	George E. Ranney, MD, Lansing
Treasurer:	A. R. Smart, MD, Hudson

TIMELINE

- 1940 MSMS celebrates its "Diamond Jubilee"
- 1939 House of Delegates approves group hospital care and medical service plans – Michigan Medical Service launched
MSMS, et al, form Michigan Polio Commission to fight impending polio epidemic
MSMS inaugurates industrial health program

1884-1885

President:	Donald MacLean, MD, Detroit
1 st Vice President:	J. Perkins, MD, Owosso
2 nd Vice President:	J. M. Cook, MD, Muskegon
3 rd Vice President:	Gordon Chittock, MD, Jackson
4 th Vice President:	Carl Brumme, MD, Detroit
Secretary:	George E. Ranney, MD, Lansing
Treasurer:	A. R. Smart, MD, Hudson

1885-1886

President:	E. P. Christian, MD, Wyandotte
1 st Vice President:	P. D. Patterson, MD, Charlotte
2 nd Vice President:	J. B. Griswold, MD, Grand Rapids
3 rd Vice President:	J. H. Carstens, MD, Detroit
4 th Vice President:	A. W. Alvord, MD, Battle Creek
Secretary:	George E. Ranney, MD, Lansing
Treasurer:	A. R. Smart, MD, Hudson

1886-1887

President:	Charles Shepard, MD, Grand Rapids
1 st Vice President:	J. P. Stoddard, MD, Muskegon
2 nd Vice President:	H. O. Walker, MD, Detroit
3 rd Vice President:	C. T. Newkirk, MD, Bay City
4 th Vice President:	Henry B. Hemenway, MD, Kalamazoo
Secretary:	George Duffield, MD, Detroit
Treasurer:	A. D. Hagadorn, MD, Lansing

1887-1888

President:	Theodore A. McGraw, MD, Detroit
1 st Vice President:	C. V. Tyler, MD, Bay City
2 nd Vice President:	W. J. Herdman, MD, Ann Arbor
3 rd Vice President:	G. L. Rose, MD, Decatur
4 th Vice President:	F. J. Groner, MD, Big Rapids
Secretary:	George Duffield, MD, Detroit
Treasurer:	Henry B. Hemenway, MD, Kalamazoo

1888-1889

President:	Simeon S. French, MD, Battle Creek
1 st Vice President:	C. H. Lewis, MD, Jackson
2 nd Vice President:	E. B. Ward, MD, Laingsburg
3 rd Vice President:	Simeon Belknap, MD, Niles
4 th Vice President:	(none)
Secretary:	George Duffield, MD, Detroit
Treasurer:	Henry B. Hemenway, MD, Kalamazoo

1889-1890

President:	George E. Frothingham, MD, Ann Arbor
1 st Vice President:	Jerome M. Snook, MD, Kalamazoo
2 nd Vice President:	Henry F. Lyster, MD, Detroit
3 rd Vice President:	Eugene W. Davis, MD, Saginaw
4 th Vice President:	George D. Carnes, MD, South Haven
Secretary:	George Duffield, MD, Detroit
Treasurer:	Henry B. Hemenway, MD, Kalamazoo

1890-1891

President:	L. W. Bliss, MD, Saginaw
1 st Vice President:	Henry B. Baker, MD, Lansing
2 nd Vice President:	D. Emmet Welsh, MD, Grand Rapids
3 rd Vice President:	Florence Huson, MD, Detroit
4 th Vice President:	Ernest T. Tappey, MD, Detroit
Secretary:	Charles W. Hitchcock, MD, Detroit
Treasurer:	William G. Henry, MD, Detroit

1891-1892

President:	George E. Ranney, MD, Lansing
1 st Vice President:	J. B. Griswold, MD, Grand Rapids
2 nd Vice President:	A. E. Carrier, MD, Detroit
3 rd Vice President:	A. F. Hagadorn, MD, Bay City
4 th Vice President:	G. V. Vorhees, MD, Coldwater
Secretary:	Charles W. Hitchcock, MD, Detroit
Treasurer:	William G. Henry, MD, Detroit

1892-1893

President:	Charles W. Lundy, MD, Detroit*
Acting President:	G. V. Chamberlain, MD, Flint
2 nd Vice President:	Frances A. Rutherford, MD, Grand Rapids
3 rd Vice President:	Benjamin P. Brodie, MD, Detroit
4 th Vice President:	John L. Burkart, Big Rapids
Secretary:	Charles W. Hitchcock, MD, Detroit
Treasurer:	William G. Henry, MD, Detroit

* Died 5/24/92

1893-1894

President:	Eugene Boise, MD, Grand Rapids
1 st Vice President:	A. H. Kimball, MD, Battle Creek
2 nd Vice President:	C. T. Southworth, MD, Monroe
3 rd Vice President:	F. A. Towsley, MD, Midland
4 th Vice President:	J. M. Cook, MD, Muskegon
Secretary:	Charles W. Hitchcock, MD, Detroit
Treasurer:	William G. Henry, MD, Detroit

1938 MSMS establishes physician placement service
MSMS begins group hospitalization discussions with Michigan Hospital Association
Michigan legislature passes law regulating marijuana and other narcotics
Membership reaches 4,205

1894-1895

President:	Henry O. Walker, MD, Detroit
1 st Vice President:	V. C. Vaughan, MD, Ann Arbor
2 nd Vice President:	C. H. White, MD, Reed City
3 rd Vice President:	Mina Logue, MD, Adrian
4 th Vice President:	C. H. McKain, MD, Vicksburg
Secretary:	Charles W. Hitchcock, MD, Detroit
Treasurer:	William G. Henry, MD, Detroit

1895-1896

President:	Victor C. Vaughan, MD, Ann Arbor
1 st Vice President:	Hugh McColl, MD, Lapeer
2 nd Vice President:	R. W. Erwin, MD, Bay City
3 rd Vice President:	F. B. Tibbals, MD, Detroit
4 th Vice President:	F. G. Novy, MD, Ann Arbor
Secretary:	Collins H. Johnston, MD, Grand Rapids
Treasurer:	William G. Henry, MD, Detroit

1896-1897

President:	Hugh McColl, MD, Lapeer
1 st Vice President:	Charles T. Southworth, MD, Monroe
2 nd Vice President:	A. B. Chapin, MD, Mt. Clemens
3 rd Vice President:	Della P. Pierce, MD, Kalamazoo
4 th Vice President:	Carl Bonning, MD, Detroit
Secretary:	Collins H. Johnston, MD, Grand Rapids
Treasurer:	William G. Henry, MD, Detroit

1897-1898

President:	Joseph B. Griswold, MD, Grand Rapids
1 st Vice President:	Ernest L. Shurly, MD, Detroit
2 nd Vice President:	Eugene W. Davis, MD, Saginaw
3 rd Vice President:	Carl Huber, MD, Ann Arbor
4 th Vice President:	C. B. Burr, MD, Flint
Secretary:	Collins H. Johnston, MD, Grand Rapids
Treasurer:	William G. Henry, MD, Detroit

1898-1899

President:	Ernest L. Shurly, MD, Detroit
1 st Vice President:	A. W. Alvord, MD, Battle Creek
2 nd Vice President:	Rush McNair, MD, Kalamazoo
3 rd Vice President:	D. W. C. Wade, MD, Holly
4 th Vice President:	J. Van Der Laan, MD, Muskegon
Secretary:	Collins H. Johnston, MD, Grand Rapids
Treasurer:	Charles E. Hooker, MD, Grand Rapids

1899-1900

President:	A. W. Alvord, MD, Battle Creek
1 st Vice President:	Philo D. Patterson, MD, Charlotte
2 nd Vice President:	B. D. Harison, MD, Sault Ste. Marie
3 rd Vice President:	H. W. Longyear, MD, Detroit
4 th Vice President:	J. B. Bradley, MD, Eaton Rapids
Secretary:	Collins H. Johnston, MD, Grand Rapids
Treasurer:	Charles E. Hooker, MD, Grand Rapids

1900-1901

President:	Philo D. Patterson, MD, Charlotte
1 st Vice President:	B. D. Harison, MD, Sault Ste. Marie
2 nd Vice President:	J. B. Martin, MD, Traverse City
3 rd Vice President:	J. C. Wilson, MD, Flint
4 th Vice President:	Sidney I. Small, MD, Saginaw
Secretary:	Andrew P. Biddle, MD, Detroit
Treasurer:	Charles E. Hooker, MD, Grand Rapids

1901-1902

President:	Leartus Connor, MD, Detroit
1 st Vice President:	B. D. Harison, MD, Sault Ste. Marie
2 nd Vice President:	Charles Douglas, MD, Detroit
3 rd Vice President:	W. H. Sawyer, MD, Hillsdale
4 th Vice President:	L. P. Parkhurst, MD, Middleville
Secretary:	Andrew P. Biddle, MD, Detroit
Treasurer:	Charles E. Hooker, MD, Grand Rapids

1902-1903

President:	A. E. Bulson, MD, Jackson
1 st Vice President:	C. J. Willson, MD, Flint
2 nd Vice President:	A. W. Crane, MD, Kalamazoo
3 rd Vice President:	W. K. West, MD, Calumet
4 th Vice President:	H. B. Garner, MD, Traverse City
General Secretary:	Andrew P. Biddle, MD, Detroit
Treasurer:	Charles E. Hooker, MD, Grand Rapids

Council Chair:	Leartus Connor, MD, Detroit
Council Secretary:	Wilfrid H. Haughey, MD, Battle Creek

1903-1904

President:	William F. Breakey, MD, Ann Arbor
1 st Vice President:	George C. Hafford, MD, Albion
2 nd Vice President:	W. C. Walker, MD, Grand Haven
3 rd Vice President:	Charles S. Cope, MD, Ionia
4 th Vice President:	W. E. Chapman, MD, Cheboygan
General Secretary:	Andrew P. Biddle, MD, Detroit
Treasurer:	George W. Moran, MD, Detroit

Council Chair:	Leartus Connor, MD, Detroit
Council Secretary:	Wilfrid H. Haughey, MD, Battle Creek

TIMELINE

- 1937 Basic Science Law enacted
Membership reaches 4,205
MSMS sponsors radio programs over 18 stations
Wayne County Medical Society provides first medical supplement for DETROIT FREE PRESS

1904-1905

President:	D. B. Harison, MD, Sault Ste. Marie
1 st Vice President:	Don M. Campbell, MD, Detroit
2 nd Vice President:	W. M. Edwards, MD, Kalamazoo
3 rd Vice President:	Richard R. Smith, MD, Grand Rapids
4 th Vice President:	John W. Moore, MD, Atlantic Mine
General Secretary:	Andrew P. Biddle, MD, Detroit
Treasurer:	George W. Moran, MD, Detroit

Council Chair:	Leartus Connor, MD, Detroit
Council Secretary:	Wilfrid H. Haughey, MD, Battle Creek

1905-1906

President:	David Inglis, MD, Detroit
1 st Vice President:	Arthur M. Hume, MD, Owosso
2 nd Vice President:	A. W. Hornbogen, MD, Marquette
3 rd Vice President:	Florence Huson, MD, Detroit
4 th Vice President:	Neil D. McDonald, MD, Hancok
General Secretary:	Andrew P. Biddle, MD, Detroit
Treasurer:	George W. Moran, MD, Detroit

Council Chair:	Leartus Connor, MD, Detroit
Council Secretary:	Wilfrid H. Haughey, MD, Battle Creek

1906-1907

President:	Charles B. Stockwell, MD, Port Huron
1 st Vice President:	William Fuller, MD, Grand Rapids
2 nd Vice President:	E. T. Abrams, MD, Dollar Bay
3 rd Vice President:	D. E. Robinson, MD, Jackson
4 th Vice President:	A. R. Stealey, MD, Charlotte
State Secretary:	B. R. Schenck, MD, Detroit
Treasurer:	George W. Moran, MD, Detroit

Council Chair:	C. B. Burr, MD, Flint
Council Secretary:	Wilfrid H. Haughey, MD, Battle Creek

1907-1908

President:	Herman Ostrander, MD, Kalamazoo
1 st Vice President:	W. R. Parker, MD, Detroit
2 nd Vice President:	E. E. Curtis, MD, Saginaw
3 rd Vice President:	H. J. Kinne, MD, Frankfort
4 th Vice President:	H. L. Bower, MD, Greenville
State Secretary:	B. R. Schenck, MD, Detroit
Treasurer:	George W. Moran, MD, Detroit

Council Chair:	C. B. Burr, MD, Flint
Council Secretary:	Wilfrid H. Haughey, MD, Battle Creek

1908-1909

President:	A. I. Lawbaugh, MD, Calumet
1 st Vice President:	J. W. Bosman, MD, Kalamazoo
2 nd Vice President:	J. A. Christenson, Manistee
3 rd Vice President:	Sarah Chase, Traverse City
3 rd Vice President:	J. D. Bruce, MD, Saginaw
State Secretary:	B. R. Schenck, MD, Detroit
Treasurer:	George W. Moran, MD, Detroit

Council Chair:	C. B. Burr, MD, Flint
Council Vice Chair:	W. T. Dodge, MD, Big Rapids
Council Secretary:	Wilfrid H. Haughey, MD, Battle Creek

1909-1910

President:	John H. Carstens, MD, Detroit
1 st Vice President:	V. L. Tupper, MD, Bay City
2 nd Vice President:	E. H. Webster, MD, Sault Ste. Marie
3 rd Vice President:	J. F. Breakey, MD, Ann Arbor
4 th Vice President:	R. M. Eccles, MD, Blissfield
State Secretary:	B. R. Schenck, MD, Detroit
Treasurer:	W. S. Anderson, MD, Detroit

Council Chair:	W. T. Dodge, MD, Big Rapids
Council Vice Chair:	A. E. Bulson, MD, Jackson
Council Secretary:	Wilfrid H. Haughey, MD, Battle Creek

1910-1911

President:	Colonell B. Burr, MD, Flint
1 st Vice President:	C. T. Southworth, MD, Monroe
2 nd Vice President:	Henry Kremers, MD, Holland
3 rd Vice President:	A. B. Simonson, MD, Calumet
4 th Vice President:	I. L. Spaulding, Hudson
State Secretary:	Wilfrid H. Haughey, MD, Battle Creek
Treasurer:	G. F. Inch, MD, Kalamazoo

Council Chair:	W. T. Dodge, MD, Big Rapids
Council Vice Chair:	A. E. Bulson, MD, Jackson

1911-1912

President:	D. Emmet Welsh, MD, Grand Rapids
1 st Vice President:	Guy L. Connor, MD, Detroit
2 nd Vice President:	Neil S. MacDonald, MD, Hancok
3 rd Vice President:	George C. Hafford, MD, Albion
4 th Vice President:	George D. Carnes, MD, South Haven
Secretary:	Wilfrid H. Haughey, MD, Battle Creek
Treasurer:	George F. Inch, MD, Kalamazoo

Council Chair:	W. T. Dodge, MD, Big Rapids
Council Vice Chair:	A. E. Bulson, MD, Jackson

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- 1935 MSMS chooses Lansing for its first headquarters office
William J. Burns becomes first MSMS executive director
MSMS annual dues restored to \$10
MSMS educates public on "evils of socialized medicine" and "combating corporate practice of medicine"

1912-1913

President:	Walter H. Sawyer, MD, Hillsdale
1 st Vice President:	D. G. Cook, MD, Holland
2 nd Vice President:	J. F. Denslow, MD, Muskegon
3 rd Vice President:	Samuel Osborn, MD, Lansing
4 th Vice President:	C. E. Holdsworth, MD, Traverse City
Secretary:	Wilfrid H. Haughey, MD, Battle Creek*
	Frederick C. Warnshuis, MD, Grand Rapids
Treasurer:	W. A. Stone, MD, Kalamazoo
Council Chair:	W. T. Dodge, MD, Big Rapids
Council Vice Chair:	A. E. Bulson, MD, Jackson

*Frederick C. Warnshuis, MD, replaced Doctor Haughey January 1913

1913-1914

President:	Guy L. Kiefer, MD, Detroit
1 st Vice President:	H. E. Randall, MD, Flint
2 nd Vice President:	C. E. Taylor, MD, Jackson
3 rd Vice President:	E. H. Webster, MD, Sault Ste. Marie
4 th Vice President:	Ralph H. Spencer, MD, Grand Rapids
Secretary:	Frederick C. Warnshuis, MD, Grand Rapids
Treasurer:	D. Emmet Welsh, MD, Grand Rapids
Council Chair:	W. T. Dodge, MD, Big Rapids
Council Vice Chair:	A. E. Bulson, MD, Jackson

1914-1915

President:	Reuben Peterson, MD, Ann Arbor
1 st Vice President:	L. A. Toles, MD, Lansing
2 nd Vice President:	A. W. Hornbogen, MD, Marquette
3 rd Vice President:	C. D. Munro, MD, Jackson
4 th Vice President:	V. A. Chapman, MD, Muskegon
Secretary:	Frederick C. Warnshuis, MD, Grand Rapids
Treasurer:	D. Emmet Welsh, MD, Grand Rapids
Council Chair:	W. T. Dodge, MD, Big Rapids
Council Vice Chair:	A. E. Bulson, MD, Jackson

1915-1916

President:	A. W. Hornbogen, MD, Marquette
1 st Vice President:	Ralph H. Spencer, MD, Grand Rapids
2 nd Vice President:	Louis J. Hirschman, MD, Detroit
3 rd Vice President:	C. E. Boys, MD, Kalamazoo
4 th Vice President:	H. J. Meyer, MD, Saginaw
Secretary:	Frederick C. Warnshuis, MD, Grand Rapids
Treasurer:	D. Emmet Welsh, MD, Grand Rapids
Council Chair:	W. T. Dodge, MD, Big Rapids
Council Vice Chair:	A. L. Seeley, MD, Mayville

1916-1917-1918*

President:	Andrew P. Biddle, MD, Detroit
1 st Vice President:	G. J. Turner, MD, Houghton
2 nd Vice President:	J. J. Mersen, MD, Holland
3 rd Vice President:	A. E. Hart, MD, St. Johns
4 th Vice President:	G. S. Ney, MD, Port Huron
Secretary:	Frederick C. Warnshuis, MD, Grand Rapids
Treasurer:	D. Emmet Welsh, MD, Grand Rapids
Council Chair:	W. T. Dodge, MD, Big Rapids
Council Vice Chair:	William J. Kay, MD, Lapeer

*Officers held over for another year due to outbreak of World War I

1918-1919

President:	Arthur M. Hume, MD, Owosso
1 st Vice President:	W. S. Shipp, MD, Battle Creek
2 nd Vice President:	C. E. Miller, MD, Cadillac
3 rd Vice President:	J. C. Chester, MD, Emmett
4 th Vice President:	F. W. Garber, MD, Muskegon
Secretary:	Frederick C. Warnshuis, MD, Grand Rapids
	Secretary Pro Tem: D. Emmet Welsh, MD, Grand Rapids*
Treasurer:	D. Emmet Welsh, MD, Grand Rapids
Council Chair:	W. D. Dodge, MD, Big Rapids
Council Chair Pro Tem:	William J. Kay, MD, Lapeer**
Council Vice Chair:	W. J. DuBois, MD, Grand Rapids

* Served as Secretary while Doctor Warnshuis was serving in World War I

** Served as Council Chair while Doctor Dodge was serving in World War I

1919-1920

President:	Charles H. Baker, MD, Bay City
1 st Vice President:	Angus McLean, MD, Detroit
2 nd Vice President:	C. N. Sowers, MD, Benton Harbor
3 rd Vice President:	H. E. Randall, MD, Flint
4 th Vice President:	P. D. MacNaughton, MD, Calumet
Secretary:	Frederick C. Warnshuis, MD, Grand Rapids
Secretary Pro Tem:	D. Emmet Welsh, MD, Grand Rapids*
Treasurer:	D. Emmet Welsh, MD, Grand Rapids
Council Chair:	William J. Kay, MD, Lapeer
Council Vice Chair:	W. J. DuBois, MD, Grand Rapids

* Served a portion of year while Doctor Warnshuis was serving in World War I

TIMELINE

Michigan Afflicted Children Act enacted

MSMS and Michigan Health Department make infant and maternal mortality a top priority

75 Wayne County Medical Society doctors make up Detroit Doctors' Symphony Orchestra and Glee Club

1933 *MSMS Mutual Health Service (precursor to Michigan Medical Service) draws national attention*

1920-1921

President:	Angus McLean, MD, Detroit
1 st Vice President:	A. W. Crane, MD, Kalamazoo
2 nd Vice President:	Udo J. Wile, MD, Ann Arbor
3 rd Vice President:	C. M. Williams, MD, Alpena
4 th Vice President:	F. McD. Harkin, MD, Marquette
Secretary:	Frederick C. Warnshuis, MD, Grand Rapids
Treasurer:	D. Emmet Welsh, MD, Grand Rapids

Council Chair:	William J. Kay, MD, Lapeer
Council Vice Chair:	W. J. DuBois, MD, Grand Rapids

1921-1922

President:	William J. Kay, MD, Lapeer
1 st Vice President:	J. W. Hauxhurst, MD, Bay City
2 nd Vice President:	E. Sawbridge, MD, Stephenson
3 rd Vice President:	H. MacMullen, MD, Manistee
4 th Vice President:	H. A. Hafford, MD, Albion
Secretary:	Frederick C. Warnshuis, MD, Grand Rapids
Treasurer:	D. Emmet Welsh, MD, Grand Rapids
Speaker:	Jacob D. Brook, MD, Grandville
Vice Speaker:	Carl F. Moll, MD, Flint

Council Chair:	W. J. DuBois, MD, Grand Rapids
Council Vice Chair:	A. L. Seeley, MD, Mayville

1922-1923

President:	W. T. Dodge, MD, Big Rapids
1 st Vice President:	J. G. R. Manwaring, MD, Flint
2 nd Vice President:	John McNamara, MD, Lansing
3 rd Vice President:	T. F. Heavenrich, MD, Port Huron
4 th Vice President:	W. K. West, MD, Painesdale
Secretary:	Frederick C. Warnshuis, MD, Grand Rapids
Treasurer:	D. Emmet Welsh, MD, Grand Rapids
Speaker:	Carl F. Moll, MD, Flint
Vice Speaker:	Ralph Balch, MD, Kalamazoo

Council Chair:	A. L. Seeley, MD, Mayville
Council Vice Chair:	H. E. Randall, MD, Flint

1923-1924

President:	Guy L. Connor, MD, Detroit
1 st Vice President:	William Northrup, MD, Grand Rapids
2 nd Vice President:	E. Sawbridge, MD, Stephenson
3 rd Vice President:	A. Rosenberry, MD, Benton Harbor
4 th Vice President:	M. Brondstetter, MD, Mt. Pleasant
Secretary:	Frederick C. Warnshuis, MD, Grand Rapids
Treasurer:	D. Emmet Welsh, MD, Grand Rapids
Speaker:	Carl F. Moll, MD, Flint
Vice Speaker:	Joseph E. King, MD, Detroit

Council Chair:	John B. Jackson, MD, Kalamazoo
Council Vice Chair:	Ray C. Stone, MD, Battle Creek

1924-1925

President:	Charles C. Clancy, MD, Port Huron
1 st Vice President:	H. J. Berry, MD, Mt. Clemens
2 nd Vice President:	F. W. Garber, MD, Muskegon
3 rd Vice President:	Henry Cook, MD, Flint
4 th Vice President:	Harvey Miller, MD, Gladstone
Secretary:	Frederick C. Warnshuis, MD, Grand Rapids
Treasurer:	D. Emmet Welsh, MD, Grand Rapids
Speaker:	Joseph E. King, MD, Detroit
Vice Speaker:	W. J. O'Reilly, Saginaw

Council Chair:	John B. Jackson, MD, Kalamazoo
Council Vice Chair:	Ray C. Stone, MD, Battle Creek

1925-1926

President:	Cyrenus G. Darling, MD, Ann Arbor
1 st Vice President:	R. J. Busard, MD, Muskegon
2 nd Vice President:	H. M. Malejan, MD, Detroit
3 rd Vice President:	A. L. Callery, MD, Port Huron
4 th Vice President:	E. J. Evans, MD, Ontonagon
Secretary:	Frederick C. Warnshuis, MD, Grand Rapids
Treasurer:	D. Emmet Welsh, MD, Grand Rapids
Speaker:	Joseph E. King, MD, Detroit
Vice Speaker:	C. C. Slemens, MD, Grand Rapids

Council Chair:	John B. Jackson, MD, Kalamazoo
Council Vice Chair:	Ray C. Stone, MD, Battle Creek

1926-1927

President:	John Bert Jackson, MD, Kalamazoo
1 st Vice President:	E. I. Carr, MD, Lansing
2 nd Vice President:	William J. Cassidy, MD, Detroit
3 rd Vice President:	V. Y. Fisher, MD, Hancock
4 th Vice President:	J. J. Haviland, MD, Owosso
Secretary:	Frederick C. Warnshuis, MD, Grand Rapids
Treasurer:	John R. Rogers, MD, Grand Rapids
Speaker:	W. K. West, MD, Painesdale
Vice Speaker:	Henry R. Carstens, MD, Detroit

Council Chair:	Ray C. Stone, MD, Battle Creek
Council Vice Chair:	Burton R. Corbus, MD, Grand Rapids

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| 1932 | Membership dues drop from \$10 to \$7.50 because of Great Depression |
| 1931 | Physicians face historic outbreak of flu in Michigan |
| 1930 | Woman's Auxiliary membership reaches 648 |
| 1929 | MSMS observes doctors are moving from rural to urban areas |

1927-1928

President:	Herbert Elmer Randall, MD, Flint
1 st Vice President:	C. D. Munro, MD, Jackson
2 nd Vice President:	C. F. DuBois, MD, Alma
3 rd Vice President:	D. A. Cameron, MD, Alpena
4 th Vice President:	A. L. VanHorn, MD, Otsego
Secretary:	Frederick C. Warnshuis, MD, Grand Rapids
Treasurer:	John R. Rogers, MD, Grand Rapids
Speaker:	Henry R. Carstens, MD, Detroit
Vice Speaker:	Henry J. Pyle, MD, Grand Rapids

Council Chair:	Ray C. Stone, MD, Battle Creek
Council Vice Chair:	Burton R. Corbus, MD, Grand Rapids

1928-1929

President:	Louis J. Hirschman, MD, Detroit
1 st Vice President:	Richard R. Smith, MD, Grand Rapids
2 nd Vice President:	George F. Inch, MD, Traverse City
3 rd Vice President:	Claude R. Keyport, MD, Grayling
4 th Vice President:	Emil H. Webster, MD, Sault Ste. Marie
Secretary:	Frederick C. Warnshuis, MD, Grand Rapids
Treasurer:	John R. Rogers, MD, Grand Rapids
Speaker:	Henry J. Pyle, MD, Grand Rapids
Vice Speaker:	Charles G. Morris, MD, Three Rivers

Council Chair:	Ray C. Stone, MD, Battle Creek
Council Vice Chair:	Burton R. Corbus, MD, Grand Rapids

1929-1930

President:	Jacob D. Brook, MD, Grandville
President-Elect:	Ray C. Stone, MD, Battle Creek
1 st Vice President:	George F. Inch, MD, Traverse City
2 nd Vice President:	Claude R. Keyport, MD, Grayling
3 rd Vice President:	Emil H. Webster, MD, Sault Ste. Marie
4 th Vice President:	W. C. McCutcheon, MD, Cassopolis
Secretary:	Frederick C. Warnshuis, MD, Grand Rapids
Treasurer:	John R. Rogers, MD, Grand Rapids
Speaker:	Henry J. Pyle, MD, Grand Rapids
Vice Speaker:	Charles E. Dutchess, MD, Detroit

Council Chair:	Ray C. Stone, MD, Battle Creek
Council Vice Chair:	Burton R. Corbus, MD, Grand Rapids

1930-1931

President:	Ray C. Stone, MD, Battle Creek
President-Elect:	Carl F. Moll, MD, Flint
Past President:	Jacob D. Brook, MD, Grandville
Secretary:	Frederick C. Warnshuis, MD, Grand Rapids
Treasurer:	John R. Rogers, MD, Grand Rapids
Speaker:	Henry J. Pyle, MD, Grand Rapids
Vice-Speaker:	Charles E. Dutchess, MD, Detroit

Council Chair:	Burton R. Corbus, MD, Grand Rapids
Council Vice Chair:	Henry Cook, MD, Flint

1931-1932

President:	Carl F. Moll, MD, Flint
President-Elect:	J. Milton Robb, MD, Detroit
Past President:	Ray C. Stone, MD, Battle Creek
Secretary:	Frederick C. Warnshuis, MD, Grand Rapids
Treasurer:	John R. Rogers, MD, Grand Rapids
Speaker:	Henry J. Pyle, MD, Grand Rapids
Vice-Speaker:	Charles E. Dutchess, MD, Detroit

Council Chair:	Burton R. Corbus, MD, Grand Rapids
Council Vice Chair:	Henry Cook, MD, Flint

1932-1933

President:	J. Milton Robb, MD, Detroit
President-Elect:	George L. LeFevre, MD, Muskegon
Past President:	Carl F. Moll, MD, Flint
Secretary:	Frederick C. Warnshuis, MD, Grand Rapids
Treasurer:	William A. Hyland, MD, Grand Rapids
Speaker:	Henry J. Pyle, MD, Grand Rapids
Vice-Speaker:	Charles E. Dutchess, MD, Detroit

Council Chair:	Burton R. Corbus, MD, Grand Rapids
Council Vice Chair:	Henry Cook, MD, Flint

1933-1934

President:	George L. LeFevre, MD, Muskegon
President-Elect:	Richard R. Smith, MD, Grand Rapids
Past President:	J. Milton Robb, MD, Detroit
Secretary:	Frederick C. Warnshuis, MD, Grand Rapids
Treasurer:	William A. Hyland, MD, Grand Rapids
Speaker:	Henry A. Luce, MD, Detroit
Vice-Speaker:	Charles E. Dutchess, MD, Detroit

Council Chair:	Burton R. Corbus, MD, Grand Rapids
Council Vice Chair:	Henry Cook, MD, Flint

TIMELINE

- 1926 Michigan Legislature defeats bill to establish school of osteopathy
Membership all time high: 3,013
- 1925 University of Michigan Hospital dedicated on November 19
- 1918 Over 750 MSMS members serve in World War I

1934-1935

President:	Richard R. Smith, MD, Grand Rapids
President-Elect:	Grover C. Penberthy, MD, Detroit
Past President:	George L. LeFevre, MD, Muskegon
Acting Secretary:	Burton R. Corbus, MD, Grand Rapids
Treasurer:	William A. Hyland, MD, Grand Rapids
Speaker:	Henry A. Luce, MD, Detroit
Vice-Speaker:	Frank H. Reeder, MD, Flint

Council Chair:	Julius H. Powers, MD, Saginaw
Council Vice Chair:	T. F. Heavenrich, MD, Port Huron

1935-1936

President:	Grover C. Penberthy, MD, Detroit
President-Elect:	H. E. Perry, MD, Newberry
Past President:	Richard R. Smith, MD, Grand Rapids
Secretary:	C. T. Ekelund, MD, Pontiac
Treasurer:	William A. Hyland, MD, Grand Rapids
Speaker:	Frank E. Reeder, MD, Flint
Vice Speaker:	Philip A. Riley, MD, Jackson

Council Chair:	Henry Cook, MD, Flint
Council Vice Chair:	T. F. Heavenrich, MD, Port Huron

Executive Secretary:	William J. Burns
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1936-1937

President:	Henry E. Perry, MD, Newberry
President-Elect:	Henry Cook, MD, Flint
Past President:	Grover C. Penberthy, MD, Detroit
Secretary:	L. Fernald Foster, MD, Bay City
Treasurer:	William A. Hyland, MD, Grand Rapids
Speaker:	Frank E. Reeder, MD, Flint
Vice-Speaker:	Philip A. Riley, MD, Jackson

Council Chair:	Paul R. Urmston, MD, Bay City
Council Vice Chair:	T. F. Heavenrich, MD, Port Huron

Executive Secretary:	William J. Burns
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1937-1938

President:	Henry Cook, MD, Flint
President-Elect:	Henry A. Luce, MD, Detroit
Past President:	Henry E. Perry, MD, Newberry
Secretary:	L. Fernald Foster, MD, Bay City
Treasurer:	William A. Hyland, MD, Grand Rapids
Speaker:	Philip A. Riley, MD, Jackson
Vice-Speaker:	Martin H. Hoffmann, MD, Eloise

Council Chair:	Paul R. Urmston, MD, Bay City
Council Vice Chair:	Vernon M. Moore, MD, Grand Rapids

Executive Secretary:	William J. Burns
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1938-1939

President:	Henry A. Luce, MD, Detroit
President-Elect:	Burton R. Corbus, MD, Grand Rapids
Past President:	Henry Cook, D, Flint
Secretary:	L. Fernald Foster, MD, Bay City
Treasurer:	William A. Hyland, MD, Grand Rapids
Speaker:	Philip A. Riley, MD, Jackson
Vice-Speaker:	Martin H. Hoffmann, MD, Eloise

Council Chair:	Paul R. Urmston, MD, Bay City
Council Vice Chair:	Vernon M. Moore, MD, Grand Rapids

Executive Secretary:	William J. Burns
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1939-1940

President:	Burton R. Corbus, MD, Grand Rapids
President-Elect:	Paul R. Urmston, MD, Bay City
Past President:	Henry A. Luce, MD, Detroit
Secretary:	L. Fernald Foster, MD, Bay City
Treasurer:	William A. Hyland, MD, Grand Rapids
Speaker:	Oscar D. Stryker, MD, Fremont
Vice-Speaker:	James J. O'Meara, M/d, Jackson

Council Chair:	Henry R. Carstens, MD, Detroit
Council Vice Chair:	Andrew S. Brunk, MD, Detroit

Executive Secretary:	William J. Burns
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1940-1941

President:	Paul R. Urmston, MD, Bay City
President-Elect:	Henry R. Carstens, MD, Detroit
Past President:	Burton R. Corbus, MD, Grand Rapids
Secretary:	L. Fernald Foster, MD, Bay City
Treasurer:	William A. Hyland, MD, Grand Rapids
Speaker:	Oscar D. Stryker, MD, Fremont
Vice-Speaker:	James J. O'Meara, MD, Jackson

Council Chair:	Andrew S. Brunk, MD, Detroit
Council Vice Chair:	Howard H. Cummings, MD, Ann Arbor

Executive Secretary:	William J. Burns
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1902 MSMS reorganizes into delegate body composed of The Council and House of Delegates

First issue of THE JOURNAL of MSMS published – Andrew P. Biddle, MD, Detroit, Editor

1866 Michigan State Medical Society formed on June 5, by 100 physicians—Cyrus M. Stockwell elected President

1873 MSMS instrumental in promoting legislation establishing State Board of Health

1941-1942

President:	Henry R. Carstens, MD, Detroit
President-Elect:	Howard H. Cummings, MD, Ann Arbor
Past President:	Paul R. Urmston, MD, Bay City
Secretary:	L. Fernald Foster, MD, Bay City
Treasurer:	William A. Hyland, MD, Grand Rapids
Speaker:	Patrick L. Ledwidge, MD, Detroit
Vice-Speaker:	George H. Southwick, MD, Grand Rapids

Council Chair:	Andrew S. Brunk, MD, Detroit
Council Vice Chair:	Otto O. Beck, MD, Birmingham

Executive Secretary:	William J. Burns
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1942-1943

President:	Howard H. Cummings, MD, Ann Arbor
President-Elect:	Claude R. Keyport, MD, Grayling
Past President:	Henry R. Carstens, MD, Detroit
Secretary:	L. Fernald Foster, MD, Bay City
Treasurer:	William A. Hyland, MD, Grand Rapids
Speaker:	Patrick L. Ledwidge, MD, Detroit
Vice-Speaker:	George H. Southwick, MD, Grand Rapids

Council Chair:	Andrew S. Brunk, MD, Detroit
Council Vice Chair:	Otto O. Beck, MD, Birmingham

Executive Secretary:	William J. Burns
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1943-1944

President:	Claude R. Keyport, MD, Grayling
President-Elect:	Andrew S. Brunk, MD, Detroit
Past President:	H. H. Cummings, MD, Ann Arbor
Secretary:	L. Fernald Foster, MD, Bay City
Treasurer:	William A. Hyland, MD, Grand Rapids
Speaker:	Patrick L. Ledwidge, MD, Detroit
Vice-Speaker:	E. A. Oakes, MD, Manistee

Council Chair:	V. M. Moore, MD, Grand Rapids
Council Vice Chair:	Otto O. Beck, MD, Birmingham

Executive Secretary:	William J. Burns
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1944-1945

President:	Andrew S. Brunk, MD, Detroit
President-Elect:	V. M. Moore, MD, Grand Rapids*
Past President:	Claude R. Keyport, MD, Grayling
Secretary:	L. Fernald Foster, MD, Bay City
Treasurer:	William A. Hyland, MD, Grand Rapids
Speaker:	Patrick L. Ledwidge, MD, Detroit
Vice-Speaker:	E. A. Oakes, MD, Manistee

Council Chair:	Edward F. Sladek, MD, Traverse City
Council Vice Chair:	Otto O. Beck, MD, Birmingham

Executive Secretary:	William J. Burns
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* Died in office

1945-1946

President:	Ray S. Morrish, MD, Flint
President-Elect:	William A. Hyland, MD, Grand Rapids
Past President:	Andrew S. Brunk, MD, Detroit
Secretary:	L. Fernald Foster, MD, Bay City
Treasurer:	Andrew S. Brunk, MD, Detroit
Speaker:	Patrick L. Ledwidge, MD, Detroit
Vice-Speaker:	John S. DeTar, MD, Milan

Council Chair:	Edward F. Sladek, MD, Traverse City
Council Vice Chair:	Otto O. Beck, MD, Birmingham

Executive Secretary:	William J. Burns
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1946-1947

President:	William A. Hyland, MD, Grand Rapids
President-Elect:	P. L. Ledwidge, MD, Detroit
Past President:	Ray S. Morrish, MD, Flint
Secretary:	L. Fernald Foster, MD, Bay City
Treasurer:	Andrew S. Brunk, MD, Detroit
Speaker:	John S. DeTar, MD, Milan
Vice-Speaker:	R. S. Baker, MD, Pontiac

Council Chair:	Edward F. Sladek, MD, Traverse City
Council Vice Chair:	Otto O. Beck, MD, Birmingham

Executive Secretary:	William J. Burns
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TIMELINE

- 1826 William Beaumont, MD, presents his studies on physiology of digestion
- 1819 "Michigan Medical Society" organized under Territorial laws. Five members to fill 7 offices.

1947-1948

President: Patrick L. Ledwidge, MD, Detroit
President-Elect: Edward F. Sladek, MD, Traverse City
Past President: William A. Hyland, MD, Grand Rapids
Secretary: L. Fernald Foster, MD, Bay City
Treasurer: Andrew S. Brunk, MD, Detroit
Speaker: John S. DeTar, MD, Milan
Vice-Speaker: Robert H. Baker, MD, Pontiac

Council Chair: Otto O. Beck, MD, Birmingham
Council Vice Chair: W. E. Barstow, MD, St. Louis

Executive Secretary: William J. Burns

1948-1949

President: Edward F. Sladek, MD, Traverse City
President-Elect: W. E. Barstow, MD, St. Louis
Past President: Patrick L. Ledwidge, MD, Detroit
Secretary: L. Fernald Foster, MD, Bay City
Treasurer: Andrew S. Brunk, MD, Detroit
Speaker: John S. DeTar, MD, Milan
Vice Speaker: Robert H. Baker, MD, Pontiac

Council Chair: Otto O. Beck, MD, Birmingham
Council Vice Chair: Reader J. Hubbell, MD, Kalamazoo

Executive Secretary: William J. Burns

1949-1950

President: W. E. Barstow, MD, St. Louis
President-Elect: Clarence E. Umphrey, MD, Detroit
Past President: Edward F. Sladek, MD, Traverse City
Secretary: L. Fernald Foster, MD, Bay City
Treasurer: Andrew S. Brunk, MD, Detroit
Speaker: Robert H. Baker, MD, Pontiac
Vice-Speaker: Jackson E. Livesay, MD, Flint

Council Chair: Otto O. Beck, MD, Birmingham
Council Vice Chair: Reader J. Hubbell, MD, Kalamazoo

Executive Director: William J. Burns

1950-1951

President: Clarence E. Umphrey, MD, Detroit
President-Elect: Otto O. Beck, MD, Birmingham
Past President: W. E. Barstow, MD, St. Louis
Secretary: L. Fernald Foster, MD, Bay City
Treasurer: Andrew S. Brunk, MD, Detroit
Speaker: Robert H. Baker, MD, Pontiac
Vice-Speaker: Jackson E. Livesay, MD, Flint

Council Chair: Reader J. Hubbell, MD, Kalamazoo
Council Vice Chair: William Bromme, MD, Detroit

Executive Director: William J. Burns

1951-1952

President: Otto O. Beck, MD, Birmingham
President-Elect: Reader J. Hubbell, MD, Kalamazoo
Past President: Clarence E. Umphrey, MD, Detroit
Secretary: L. Fernald Foster, MD, Bay City
Treasurer: Andrew S. Brunk, MD, Detroit
Speaker: Robert H. Baker, MD, Pontiac
Vice Speaker: Jackson E. Livesay, MD, Flint

Council Chair: William Bromme, MD, Detroit
Council Vice Chair: L. W. Hull, MD, Detroit

Executive Director: William J. Burns

1952-1953

President: Reader J. Hubbell, MD, Kalamazoo
President-Elect: L. W. Hull, MD, Detroit
Past President: Otto O. Beck, MD, Birmingham
Secretary: L. Fernald Foster, MD, Bay City
Treasurer: William A. Hyland, MD, Grand Rapids
Speaker: Robert H. Baker, MD, Pontiac
Vice-Speaker: Jackson E. Livesay, MD, Flint

Council Chair: William Bromme, MD, Detroit
Council Vice Chair: H. B. Zemmer, MD, Lapeer

Executive Director: William J. Burns

1953-1954

President: L. W. Hull, MD, Detroit
President-Elect: Robert H. Baker, MD, Pontiac
Past President: Reader J. Hubbell, MD, Kalamazoo
Secretary: L. Fernald Foster, MD, Bay City
Treasurer: William A. Hyland, MD, Grand Rapids
Speaker: Jackson E. Livesay, MD, Flint
Vice-Speaker: Kenneth H. Johnson, MD, Lansing

Council Chair: William Bromme, MD, Detroit
Council Vice Chair: H. B. Zemmer, MD, Lapeer

Executive Director: William J. Burns

1954-1955

President: Robert H. Baker, MD, Pontiac
President-Elect: William S. Jones, MD, Menominee
Past President: L. W. Hull, MD, Detroit
Secretary: L. Fernald Foster, MD, Bay City
Treasurer: William A. Hyland, MD, Grand Rapids
Speaker: Jackson E. Livesay, MD, Flint
Vice Speaker: Kenneth H. Johnson, MD, Lansing

Council Chair: William Bromme, MD, Detroit
Council Vice Chair: H. B. Zemmer, MD, Lapeer

Executive Director: William J. Burns

1955-1956

President: William S. Jones, MD, Menominee
President-Elect: Arch Walls, MD, Detroit
Past President: Robert H. Baker, MD, Pontiac
Secretary: L. Fernald Foster, MD, Bay City
Treasurer: William A. Hyland, MD, Grand Rapids
Speaker: Jackson E. Livesay, MD, Flint
Vice-Speaker: Kenneth H. Johnson, MD, Lansing

Council Chair: D. Bruce Wiley, MD, Utica
Council Vice Chair: W. B. Harm, MD, Detroit

Executive Director: William J. Burns

1956-1957

President: Arch Walls, MD, Detroit
President-Elect: George W. Slagle, MD, Battle Creek
Past President: William S. Jones, MD, Menominee
Secretary: L. Fernald Foster, MD, Bay City
Treasurer: William A. Hyland, MD, Grand Rapids
Speaker: Kenneth H. Johnson, MD, Lansing
Vice-Speaker: James J. Lightbody, MD, Detroit

Council Chair: D. Bruce Wiley, MD, Utica
Council Vice Chair: W. B. Harm, MD, Detroit

Executive Director: William J. Burns

1957-1958

President: George W. Slagle, MD, Battle Creek
President-Elect: Gilbert B. Saltonstall, MD, Charlevoix
Past President: Arch Walls, MD, Detroit
Secretary: L. Fernald Foster, MD, Bay City
Treasurer: William A. Hyland, MD, Grand Rapids
Speaker: Kenneth H. Johnson, MD, Lansing
Vice-Speaker: James J. Lightbody, MD, Detroit

Council Chair: D. Bruce Wiley, MD, Utica
Council Vice Chair: W. B. Harm, MD, Detroit

Executive Director: William J. Burns

1958-1959

President: Gilbert B. Saltonstall, MD, Charlevoix
President-Elect: Milton A. Darling, MD, Detroit
Past President: George W. Slagle, MD, Battle Creek
Secretary: L. Fernald Foster, MD, Bay City
Treasurer: William A. Hyland, MD, Grand Rapids
Speaker: Kenneth H. Johnson, MD, Lansing
Vice-Speaker: James J. Lightbody, MD, Detroit

Council Chair: D. Bruce Wiley, MD, Utica
Council Vice Chair: Arthur E. Schiller, MD, Detroit

Executive Director: William J. Burns

1959-1960

President: Milton A. Darling, MD, Detroit
President-Elect: Kenneth H. Johnson, MD, Lansing
Past President: Gilbert B. Saltonstall, MD, Charlevoix
Secretary: D. Bruce Wiley, MD, Utica
Treasurer: William A. Hyland, MD, Grand Rapids
Speaker: James J. Lightbody, MD, Detroit
Vice-Speaker: Harold F. Falls, MD, Ann Arbor

Council Chair: Arthur E. Schiller, MD, Detroit
Council Vice Chair: T. P. Wickliffe, MD, Calumet

Executive Director: William J. Burns

1960-1961

President: Kenneth H. Johnson, MD, Lansing
President-Elect: Otto K. Engelke, MD, Ann Arbor
Past President: Milton A. Darling, MD, Detroit
Secretary: D. Bruce Wiley, MD, Utica
Treasurer: William A. Hyland, MD, Grand Rapids
Speaker: James J. Lightbody, MD, Detroit
Vice-Speaker: Harold F. Falls, MD, Ann Arbor

Council Chair: Harold J. Meier, MD, Coldwater
Council Vice Chair: T. P. Wickliffe, MD, Calumet

Executive Director: William J. Burns

1961-1962

President: Otto K. Engellke, MD, Ann Arbor
President-Elect: Clarence J. Owen, MD, Detroit
Past President: Kenneth H. Johnson, MD, Lansing
Secretary: D. Bruce Wiley, MD, Utica
Treasurer: William A. Hyland, MD, Grand Rapids
Speaker: James J. Lightbody, MD, Detroit
Vice Speaker: Harold F. Falls, MD, Ann Arbor

Council Chair: Oliver B. McGillicuddy, MD, Lansing
Council Vice Chair: Orlen J. Johnson, MD, Bay City

Executive Director: William J. Burns

1962-1963

President: Clarence I. Owen, MD, Detroit
President-Elect: Orlen J. Johnson, MD, Bay City
Past President: Otto K. Engelke, MD, Ann Arbor
Secretary: D. Bruce Wiley, MD, Utica
Treasurer: William A. Hyland, MD, Grand Rapids
Speaker: James J. Lightbody, MD, Detroit
Vice-Speaker: John W. Rice, MD, Jackson

Council Chair: Oliver B. McGillicuddy, MD, Lansing
Council Vice Chair: Harold H. Hiscock, MD, Flint

Executive Director: William J. Burns

1963-1964

President: Orlen J. Johnson, MD, Bay City
President-Elect: Oliver B. McGillicuddy, MD, Lansing
Past President: Clarence I. Owen, MD, Detroit
Secretary: D. Bruce Wiley, MD, Utica
Treasurer: William A. Hyland, MD, Grand Rapids
Speaker: James J. Lightbody, MD, Detroit
Vice-Speaker: Louis F. Hayes, MD, Gaylord

Council Chair: Harold H. Hiscock, MD, Flint
Council Vice Chair: Robert J. Mason, MD, Birmingham

Executive Director: William J. Burns*
Hugh W. Brenneman

Associate Executive Director: Warren Tryloff

* Retired end of 1963

1964-1965

President: Oliver B. McGillicuddy, MD, Lansing
President-Elect: Luther R. Leader, MD, Birmingham
Past President: Orlen J. Johnson, MD, Bay City
Secretary: D. Bruce Wiley, MD, Utica
Treasurer: William A. Hyland, MD, Grand Rapids
Speaker: James J. Lightbody, MD, Detroit
Vice-Speaker: Louis F. Hayes, MD, Gaylord

Council Chair: Harold H. Hiscock, MD, Flint
Council Vice Chair: Robert J. Mason, MD, Birmingham

Executive Director: Hugh W. Brenneman
Associate Executive Director: Warren F. Tryloff

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"S" refers to Stapleton text, 1866-1964



A History of the Michigan State Medical Society

A CENTURY
OF SERVICE
IN MEDICINE

By Wm. J. Stapleton, Jr., M.D.

PUBLISHED BY THE MICHIGAN STATE MEDICAL SOCIETY

P.O. BOX 152, EAST LANSING, MICHIGAN

AS PART OF THE MSMS CENTENNIAL OBSERVANCE

PRICE \$2.00

Dedication

We would like to dedicate this brief history of the Michigan State Medical Society to those stalwart doctors of medicine who, through the years, have contributed of their brains, time, energy and money to make our Society what it is today: one hundred years old and one of the greatest in the United States.

Acknowledgements

In the preparation of this brief history of the Michigan State Medical Society, we wish to express our appreciation to the following individuals: To Mr. Herbert Auer, Managing Editor of Michigan Medicine, who did a most skillful job of editing the material; To Doctor Alfred Whittaker for his article on William Beaumont, M.D.; To Mr. James Babcock, Director of the Burton Historical Collection, for his help in getting material; To Mrs. Fanny Anderson of the Medical Library of Wayne State University for her help in locating references; and To Mrs. Audrey Henderson of the Detroit office of the Michigan State Medical Society for typing of my notes.

Wm. J. Stapleton, Jr., M.D.
MSMS Historian

Tribute

The Michigan State Medical Society profoundly expresses its deep appreciation to MSMS Historian Wm. J. Stapleton, Jr., M.D., for this excellent review of the Society. This book touches upon the early MSMS years and provides greater details about the years 1929-1965. Although it stands on its own merit it also serves to complement and extend the information contained in "Medical History of Michigan," Volume I and II, published in 1930 by the Michigan State Medical Society. That fine work was compiled and edited by a MSMS Committee, C. B. Burr, M.D., Chairman.

Much credit goes to Doctor Stapleton for his research in compiling the data and for writing the series in an interesting style with his own keen, humanistic observations.

Oliver B. McGillicuddy, M.D.
MSMS President, 1964-65

Copyright, 1965
Michigan State Medical Society



First MSMS President
Cyrus M. Stockwell, M.D.
Port Huron (1866)

First 50 Years Of MSMS—In Brief

When members of the Michigan State Medical Society gather in Detroit in 1965 to celebrate the Centennial Anniversary, the historic spotlight will focus back to the first annual meeting in 1866.

It was on June 5, 1866 when about 100 physicians traveled from across the state to Detroit to organize the "Michigan State Medical Society."

There had been two previous medical organizations in Michigan, but there had been breaks from 1851 to 1853, and then again in 1860.

So when the physicians gathered on June 5, 1866, it was appropriate for Morse Stewart, M.D., of Detroit, in his welcoming address to recall that:

"The profession had failed to promote properly the advancement of medical science, individual growth and development, and through these the great and ultimate object of our profession and the welfare of society."

Doctor Stewart made a strong appeal to the men, "that their hearts (be) expanded by an enlarged charity so as to exclude individual selfish aims, should we enter upon the duties which are before us."

The men elected Cyrus M. Stockwell, M.D., Port Huron, as president. Two of the original founders, Theodore A. McGraw, M.D., Detroit, and George E. Ranney, M.D., Lansing, were speakers at the 50th Annual Meeting in Grand Rapids, September 1, 1915.

Any review about the early history of the medical profession in Michigan must flash back to August 10, 1819 when the "Michigan Medical Society" was organized under Territorial laws. The Society with five members started that day, encouraged by John L. Whiting, M.D., who had reached Detroit on horseback in 1817 from New York, where he had been licensed. Doctor Whiting served long as secretary and then as president, and died at the age of 87.

The first officers in 1819 were headed by William Brown, M.D., as president. The Society had but five members with which to fill seven offices so two were given two offices each.

Leartus Connor, M.D., MSMS president in 1902, in his Presidential Address that year, dealt with the early Society efforts. In part,



The Author
WILLIAM J. STAPLETON, JR.
M.D.
MSMS Historian

he said, "Recalling that, quacks included, there were but eight doctors in Detroit and scarcely more in the Territory, it called for a sublime faith in these five doctors to form a medical society on the basis of ensuring a clean, well-educated, honest profession in Michigan."

(The Detroit population in 1820 was 1,442)

The Incorporating Act in 1819 specified that "the Society president, senior censor and secretary shall form a board to examine students in the preparatory branches of education and give a certificate previous to their entering upon the study of medicine."

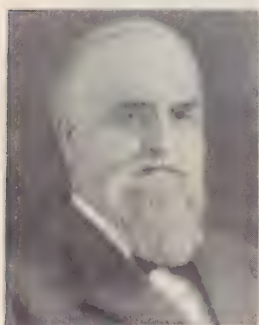
The medical law was amended in 1825 and 1829; and then revised in 1838 when public sentiment ran high against the many quacks who came to the new state. The population rose from 7,000 in 1820 to 174,000 in 1837. Dr. Connor in his 1902 address vividly drew the picture of that period:

"It was a period of wild-cat money, of general extravagant inflation of everything, the projection of public and private enterprises on a scale paranoiac. As the people were in a frame of mind to be robbed, the quacks gathered to do the job in accord with the axiom, 'where the carcass is there do the vultures gather.'

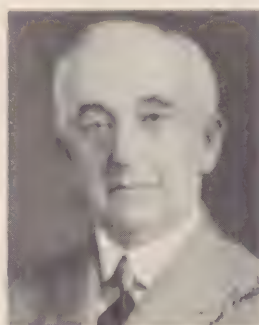
"In 1846, Physicians from other states were admitted to practice without any formalities—thus for the first time inaugurating the era of 'free trade' in medical practice, an era unchecked until a recent date.

"Perhaps the most remarkable thing in this history, as related by Dr. Zina Pitcher, is a decision of the Michigan Supreme Court that 'A doctor is any person calling himself such'."

The changes of officers in this Society were very infrequent. William Brown, M.D., was president seven years; William Thompson, M.D., one year; Stephen C. Henry, M.D., six years; John L. Whiting, M.D., three years; Marshall Chapin, M.D., one year; D. V. Hoyt, M.D., one year, and Zina Pitcher, M.D., fourteen years—seven presidents in thirty-two years.



Leartus Connor, M.D.
Detroit (1901)



Reuben Peterson, M.D.
Ann Arbor (1914)

Four men served as secretary during the first 32 years—John L. Whiting, M.D., eleven years; Randall S. Rice, M.D., seven; E. M. Cowles, M.D., one, and J. B. Scovell, M.D., fourteen.

"A notable event in the Society's history was the election to membership of Dr. William Beaumont, of Mackinac on June 14, 1825. On August 27, 1826, he gave the Society a report of his celebrated case of gastric fistula, with an account of clinical and chemical studies on gastric digestion, scientific observation, which formed an epoch in our knowledge of human digestion.

"Licensed physicians in any county, on application, were granted by the territorial society the right to form a local society which, within the limits of the county had the same rights as the territorial, except that the aggrieved member had the right of appeal to the parent society, and the county society was compelled to accept the decision as final.

"On June 12, 1827, permission was granted Drs. Cyril Nichols, Rufus Pomeroy, William Kitteridge and David Lord to form a Washtenaw County Medical Society.

"On June 12, 1831, permission was granted Drs. William Thompson, David L. Porter, E. L. Parke, and Thaddeus Thompson to form an Oakland County Medical Society.

"On July 23, 1835, to Dr. Hubbel Loomis, et al., to form a St. Joseph County Medical Society.

"In January, 1836, to Dr. L. T. Jenney, et al., to establish a Macomb County Medical Society.

"In January, 1836, to establish a Monroe County Medical Society.

"In June, 1837, to Drs. Darwin Littlefield, Hiram Alden, M. Randall, William Noneclott and Thomas Caulkins to establish a Branch County Medical Society.

"On April 14, 1849, the Wayne County Medical Society—From an unpublished report of a meeting of this Society, March 16, 1850, it was reported that 'Edmund Andrews is entitled to be received as a student of medicine by any member of the Wayne County Medical Society.' Thus one of Chicago's most celebrated surgeons gained permission to begin the study of medicine from this Society.

During this period, the old Michigan Medical Society limited itself largely to the execution of state laws regulating the practice of medicine, doing little to develop its members along scientific or literary lines, or to foster or develop county societies.

The second phase of the MSMS history started with a meeting at Ann Arbor, March 30, 1853, and ended on March 30, 1860. The group in 1853 organized as the "Peninsular Medical Society," formed primarily for the advancement of medical science. Action of the State Legislature in 1851, when it

abolished all medical laws, inspired some of the doctors to meet in 1853—many of them eager to assist the young medical department started at the University of Michigan in 1849.

Serving as president during this period were George Landon, M.D., Monroe; Henry Taylor, M.D., Mt. Clemens; Zina Pitcher, M.D., Detroit; J. H. Beech, M.D., Coldwater; N. B. Stebbins, M.D., Detroit; J. Adams Allen, M.D., Kalamazoo, and H. B. Shank, M.D., Lansing.

Edmund Andrews, M.D., of the University medical school, served as secretary for several years and as editor of the "Peninsular Medical Journal."

The organization had grown to 115 members when its eighth annual meeting was called at Coldwater for January 18, 1860. So few were present that it was adjourned to Ann Arbor for March 29. Again, few doctors attended and it disbanded.

"Circumstances, not the workers, were responsible for its quiescence from 1860 to 1866," declared Reuben Peterson, M.D., Ann Arbor, in his Presidential Address at the 50th Annual Meeting in 1915. Doctor Peterson pointed out another deterrent:

"Moreover, it must not be lost sight of that the approach of the Civil War probably was one of the principal reasons for lack of interest in the new State Medical Society. Once the war had begun, even a flourishing medical organization would have been temporarily abandoned."

Historic records show a sharp contrast between this second period as contrasted to the territorial organization. The work of the first was entirely executive, having to do with the regulation of medicine, but the second Society vigorously urged the members to observe the code of ethics of the American Medical Association, to observe, record and publish facts in its *Peninsular Medical Journal*, and to help the University of Michigan medical department improve its scholastic program. Doctor Peterson's speech summarized the period by noting that "the Society was distinctly alive to the public health of the state."

Just as conditions in the young nation worked against the medical organization during the Civil War, conditions worked in its favor when the present Michigan State Medical Society was organized in 1866. The end of the Civil War left many energetic young doctors in Detroit without adequate clientele and willing to contribute to the Society's efforts for clinical education and public service.

The Society efforts for proper and necessary state health department was a major contribution. Doctor Peterson observed that:

"The establishment of the State Board of Health would have been postponed to a much later date had it not been for the efforts of this Society. Indi-

vidually and through committees, the members labored from 1870 to 1873 until the bill for the establishment of the Board passed the Legislature."

Many Michigan physicians active at the turn of the century have praised the work of Leartus Connor, M.D., who has been quoted in this article. Doctor Connor was president in 1901 and he appointed the committee that did much of the work leading up to the 1902 action which finally reorganized MSMS along the lines of a delegate body. It had been discussed at the annual meetings from 1885 until approved in 1902. W. T. Dodge, M.D., in a special historic *Journal* article in 1915 (the MSMS 50th anniversary) singled out Doctor Connor for special plaudits. He wrote: "Fortunately, the Society had (in 1901) for its President one who was eminently fitted for this special work—the late Leartus Connor. The heart and soul of this unselfish, great Michigan physician were absorbed in the work of perfecting an organization of his fellows that would in every sense of the word be representative of the entire profession of the state."

The first number of *THE JOURNAL* of the Michigan State Medical Society appeared in September, 1902 with Andrew P. Biddle, M.D., as the first Editor. Doctor Biddle also served as the Secretary of the Society then.

Many refinements were accomplished between 1902 and 1915. Doctor Peterson, as the 1915 annual meeting, declared that "The Society now is an efficient organization. Time formerly wasted in fruitless discussions by speakers poorly prepared is now profitably consumed by the qualified delegates of the county societies. The work of the executive committee of The Council, has demonstrated that men can be found who will give freely of their valuable time for the general good. Our Society is more than a group of physicians who meet once a year to discuss papers. It is a business organization as well, with many ramifications."

One of the questions raised by Doctor Peterson in 1915 at the 50th anniversary was, "Has the time arrived for a full-time Society secretary? I merely raise the question. It is for you to give the answer."

THE JOURNAL for August, 1915 carried an editorial by Andrew P. Biddle, M.D., about "The Medical Society of Tomorrow." Several quotations will provide us an effective bridge into the future articles in this MSMS Centennial Series. Doctor Biddle wrote: "The county, state and national associations today are the centers of thought and action of the professions; but now with an enlarging and more exacting population the expectations of civilization of the profession have enormously increased, and the medical society of tomorrow must be ready to meet these expectations."

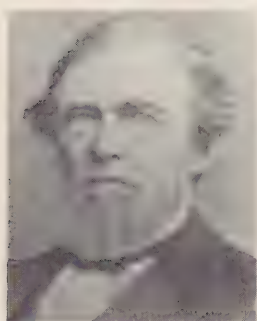
PAST PRESIDENTS

1866-1914

1866—C. M. Stockwell, Port Huron
 1867—J. H. Jerome, Saginaw
 1868—Wm. H. DeCamp, Grand Rapids
 1869—Richard Inglis, Detroit
 1870—I. H. Bartholomew, Lansing
 1871—H. O. Hitchcock, Kalamazoo
 1872—Alonzo B. Palmer, Ann Arbor
 1873—E. W. Jenk, Detroit
 1874—R. C. Kedzie, Lansing
 1875—Wm. Brodie, Detroit
 1876—Abram Sager, Ann Arbor
 1877—Foster Pratt, Kalamazoo
 1878—Ed Cox, Battle Creek
 1879—George K. Johnson, Grand Rapids
 1880—J. R. Thomas, Bay City
 (No photo available)

1881—J. H. Jerome, Saginaw
 1882—Geo. W. Topping, DeWitt
 1883—A. F. Whelan, Hillsdale
 1884—Donald Maclean, Detroit
 1885—E. P. Christian, Wyandotte
 1886—Charles Shepard, Grand Rapids
 1887—T. A. McGraw, Detroit
 1888—S. S. French, Battle Creek
 1889—G. E. Frothingham, Detroit
 1890—L. W. Bliss, Saginaw
 1891—George E. Ranney, Lansing
 1892—Charles J. Lundy, Detroit
 (Died before taking office)
 Gilbert V. Chamberlain, Flint
 (Acting President)
 1893—Eugene Boise, Grand Rapids
 1894—Henry O. Walker, Detroit
 1895—Victor C. Vaughan, Ann Arbor

1896—Hugh McColl, Lapeer
 1897—Joseph B. Griswold, Grand Rapids
 1898—Ernest L. Shurly, Detroit
 1899—A. W. Alvord, Battle Creek
 1900—P. D. Patterson, Charlotte
 1901—Leartus Connor, Detroit
 1902—A. E. Bulson, Jackson
 1903—Wm. F. Breakey, Ann Arbor
 1904—B. D. Harison, Sault Ste. Marie
 1905—David Inglis, Detroit
 1906—Charles B. Stockwell, Port Huron
 1907—Hermon Ostrander, Kalamazoo
 1908—A. F. Lawbaugh, Calumet
 1909—J. H. Carstens, Detroit
 1910—C. B. Burr, Flint
 1911—D. Emmett Welsh, Grand Rapids
 1912—Wm. H. Sawyer, Hillsdale
 1913—Guy L. Kiefer, Detroit
 1914—Reuben Peterson, Ann Arbor



1867 and 1881
 J. H. Jerome, M.D.
 Saginaw



1868
 Wm. H. DeCamp, M.D.
 Grand Rapids



1869
 Richard Inglis, M.D.
 Detroit



1870
 I. H. Bartholomew, M.D.
 Lansing



1871
 H. O. Hitchcock, M.D.
 Kalamazoo



1872
 Alonzo B. Palmer, M.D.
 Ann Arbor



1873
 E. W. Jenk, M.D.
 Detroit



1874
 R. C. Kedzie, M.D.
 Lansing



1875
 Wm. Brodie, M.D.
 Detroit



1876
 Abram Sager, M.D.
 Ann Arbor



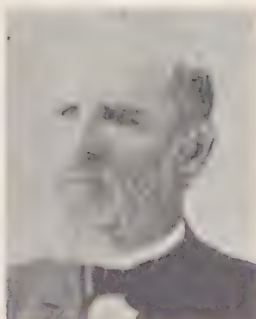
1877
 Foster Pratt, M.D.
 Kalamazoo



1878
 Ed Cox, M.D.
 Battle Creek



1879
George K. Johnson, M.D.
Grand Rapids



1882
Geo. W. Topping, M.D.
DeWitt



1883
A. F. Whelan, M.D.
Hillsdale



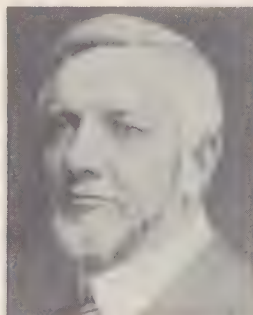
1884
Donald MacLean, M.D.
Detroit



1885
E. P. Christian, M.D.
Wyandotte



1886
Charles Shepard, M.D.
Grand Rapids



1887
T. A. McGraw, M.D.
Detroit



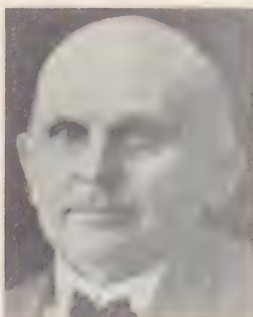
1888
S. S. French, M.D.
Battle Creek



1889
G. E. Frothingham, M.D.
Detroit



1890
L. W. Bliss, M.D.
Saginaw



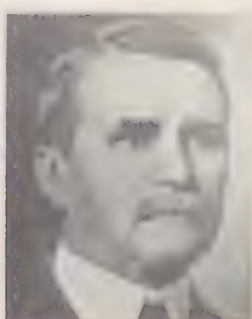
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George E. Ranney, M.D.
Lansing



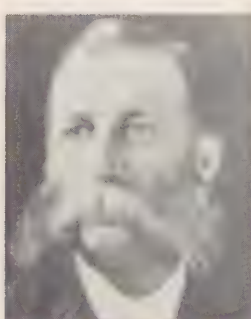
1892
Charles J. Lundy, M.D.
Detroit (Died before taking
office)



1892
Gilbert V. Chamberlain, M.D.
Flint (Acting President)



1893
Eugene Boise, M.D.
Grand Rapids



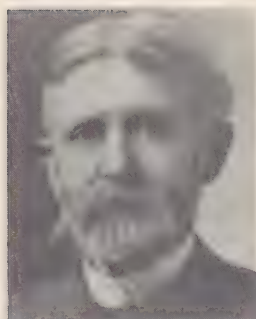
1894
Henry O. Walker, M.D.
Detroit



1895
Victor C. Vaughan, M.D.
Ann Arbor



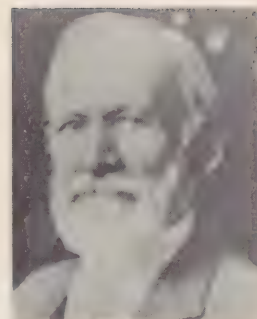
1896
Hugh McColl, M.D.
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Herman Ostrander, M.D.
Kalamazoo



1908
A. F. Lawbaugh, M.D.
Calumet



1909
J. H. Carstens, M.D.
Detroit



1910
C. B. Burr, M.D.
Flint



1911
D. Emmett Welsh, M.D.
Grand Rapids



1912
Wm. H. Sawyer, M.D.
Hillsdale

William Beaumont, M.D., and His Studies of the Physiology of Digestion At the Michigan Gibraltar of the Great Lakes

By ALFRED H. WHITTAKER, M.D.

Detroit, Michigan

The story of Dr. William Beaumont and his spectacular study of Alexis Bidagan dit St. Martin's digestive system has become familiar to the people of America. It is especially popular in St. Louis where school children make an annual pilgrimage to his final resting place at Bellefontaine Cemetery on the anniversary of his birth, and it is also of exceptional interest to the people of Michigan where St. Martin was accidentally injured by a shotgun blast and subsequently recovered with an open stomach wound ideal for observation.

Beaumont's observations by direct inspection of the interior of St. Martin's stomach corroborated previous theories of the nature of digestion and disproved many beliefs of earlier investigators. Reaumur¹ and Spallanzani² were the most important of the European physiologists to study the physiology of digestion. In 1802 in the United States, Spencer³ had advanced a theory which Beaumont later proved as surprisingly accurate.

Doctor Beaumont's research was carried out in a frontier fort without benefit of technical equipment. Beaumont was an army post surgeon who recognized an unusual opportunity (there had been earlier gastric fistulae but the opportunity for study had been overlooked) for careful observation and exact recording. By highly intelligent interpretation, he devised a series of experiments which attracted the admiration of physiologists and clinicians throughout the world.



The Author
ALFRED H. WHITTAKER, M.D.

THE FIRST PERSON who contributed to the Beaumont saga was William Astor who developed the fur trading station (American Fur Company) on Mackinac Island, which became the first American million dollar corporation.

The site (later commemorated as the Beaumont Memorial) was part of a land grant by Lt. Governor Patt Sinclair to a British Officer who sold it to a French trader from Green Bay. In 1796, the plot was acquired by John Ogilvie of Montreal⁴ who built a combined house and supply firm to the fur trade. In 1818, the building became the retail store of the American Fur Company, the stage thus being set for the accidental shooting of the company engagee St. Martin.

* * *

THE SECOND PRINCIPAL of our saga, Doctor Beaumont was born in 1785 at Lebanon, Connecticut. In 1806, he traveled north to the little village of Champlain, New York, where he taught in the public school for three years, accumulating enough money to cross Lake Champlain to St. Albans, Vermont, where he became an apprentice to Doctor Benjamin Chandler.

At that time, a two-year apprenticeship was required to obtain a license to practice medicine. During this time, Doctor Chandler exerted an excellent influence on the mind of his assistant, emphasizing the importance of a good memory, of developing the power of observation and the habit of logical thought.

On June 2, 1812, Doctor Beaumont was granted a license to practice and he remained with his preceptor until September when, war having been declared with Great Britain, he went to Plattsburgh, New York, and joined the army as surgeon's mate assigned to the Sixth Infantry Regiment.

Surgeon's Mate Beaumont took part in numerous engagements of which he made careful notes⁵ and this proved good preparation for care to St. Martin's severe injury later in 1822.

After the war, Beaumont returned to Plattsburgh

where he entered private practice. He made many friends and a deserved reputation.

By 1820, active service in the Medical Corps had become more attractive and he rejoined the army to be commissioned Post Surgeon by President James Monroe on March 18, and was immediately ordered to Fort Mackinac. He reported to General Alexander Macomb, under whom he had served valiantly in the Battle of Plattsburgh.

* * *

MACKINAC ISLAND HAD become the center of a series of trading posts established in a large territory including the shores of Lakes Michigan, Huron, Superior and the Mississippi country.

Each fall, brigades consisting of several bateaux manned by a clerk and five to eight voyageurs, set out for distant stations and returned in the spring with furs trapped throughout the winter. The American Fur Company employed about 3,000 of these French Canadian voyageurs.

Thus, by 1822, two of the dramatis personae of the Beaumont drama—Astor and Beaumont himself—were on stage.

* * *

THE THIRD PRINCIPAL of the saga, Alexis St. Martin, was born on April 18, 1794, at Berthier, Lower Canada (now the Province of Quebec).⁶ His father was Joseph Bideguin dit St. Martin. Later documents show Alexis' full name to have been Alexis Bidagan dit St. Martin, "Bidagan" being a variant of "Bideguin." The family was French in origin as Alexis' paternal grandfather had come to Canada from Masparraute, a village in the extreme southwest of France within the old province of Navarre.

We know nothing of St. Martin's childhood, except that he probably grew up near Berthier. On the morning of June 6, 1822, he entered the retail store of the American Fur Company on Mackinac Island and walked into the accidental discharge of a shotgun.

The dramatic entrance of Alexis St. Martin into the Beaumont story was observed by Gurdon S. Hubbard⁷ who lived in a cottage near the west bluff of the Island. (The cottage still remains in the Hubbard family and now belongs to the widow of Dr. Allan McDonald, former President of the Wayne County Medical Society, who spent many summers and entire years on the Island administering to its residents.)

Hubbard's report is accurate, but the dramatic recital of the event by Sir William Osler, who always showed great interest in Beaumont and St. Martin, is much more interesting. The following quotation is from an essay in *An Alabama Student*:

... The Fort was occupied by United States troops who kept the Indians in check and did general police duty on the frontier, and the place had become a rendezvous for

Indians and voyageurs in the employ of the American Fur Company. On this bright spring morning the village presented an animated scene. The annual return tide to the trading post was in full course, and the beach was thronged with canies and bateaux laden with the pelts of the winter's hunt. Voyageurs and Indians, men, women and children, with here and there a few soldiers, made up a motley crowd. Suddenly from the company's store there is a loud report of a gun, and amid the confusion and excitement the rumor spreads of an accident, and there is a hurrying of messengers to the barracks for a doctor. In a few minutes an alert-looking young man in the uniform of a U. S. Army surgeon made his way through the crowd and was at the side of a young French Canadian who had been wounded by the discharge of a gun, and with the composure bred of an exceptional experience of such injuries, prepared to make the examination. Though youthful in appearance, Surgeon Beaumont had seen much service, and at the capture of York and at the investment of Plattsburgh he had shown a coolness and bravery under fire which had won high praise from his superior officers. The man and the opportunity had met. . . .

The story has caught the imagination of many. Several years ago, Supreme Court Justice Frankfurter talked to the students of Harvard Medical College of the above in an address which he titled "A Lawyer's Dicta on Doctors." This was the George W. Gay Lecture delivered on Friday, March 21, 1958.

History shows that St. Martin recovered but retained a permanent fistula of the stomach enabling Beaumont to make and report important observations which established the principles of digestion.

* * *

A REPORT OF St. Martin's injury was first published early in 1825 in the *Medical Recorder*. Beaumont had sent a complete report to Surgeon General Joseph Lovell for his approval and correction with the suggestion it be published in some reputable medical journal. Through an oversight, it was published as "A Case of Wounded Stomach" by Joseph Lovell,



A feature of the Beaumont Memorial is Dean Cornwell's famed painting of "Beaumont and St. Martin," a gift of Wyeth Incorporated to the Michigan State Medical Society.



The Beaumont Memorial Museum—on the exact site of the American Fur Company retail store in which Alexis St. Martin was wounded—was dedicated on July 17, 1954. The plaque on the building declares that "This building is dedicated to the memory of William Beaumont, M.D. It was restored by voluntary contributions of Michigan Doctors of Medicine and presented to the people of Michigan." A portion of the dedication audience is shown above.

Surgeon General, U.S.A. The mistake was corrected, however, and credit given to Beaumont.

The same year, Beaumont began a series of experiments which were published in detail in 1833⁸ with a second printing in 1834. A second edition was printed in 1847 at Burlington, Vermont.

In June, 1825, Beaumont was transferred to Fort Niagara and took Alexis with him. Then followed years of assignments to various army posts, the experiments continuing whenever Beaumont could get Alexis to stay with him.

In 1834, Beaumont was assigned to Jefferson Barracks in St. Louis where he traveled by carriage and stage to report to General Henry Atkinson. Congress had just passed a law making the pay of a surgeon equal to that of a major. The U. S. Army still had no lineal classification of medical officers. With less financial worry, Beaumont hoped to bring Alexis to St. Louis and take him to Europe. When neither of these things came to pass, as St. Martin had disappeared, he asked the Surgeon General to assign him to another post.

Without waiting for a reply, he set off for Washington where he learned he could return to St. Louis to take charge of purchasing medical supplies in addition to the usual duties of a surgeon. He collected his family in Plattsburgh and started west again. At Albany, he saw his first railroad.

The family proceeded to Prairie du Chien where a fellow officer remarked the post was worthy of its name, and then by steamboat to St. Louis, arriving on the levee July 23, 1835.

In the spring of 1838, the Beaumonts received an inquiry from Lt. Robert E. Lee's assistant asking whether they could accommodate Lee and his family

for a month. Lee had worked out a plan for a system of piers and dykes which would turn the current of the Mississippi and remove the sand bars which had long obstructed the harbor at St. Louis. The Lees arrived the first of May and as their furniture had been blown up along with the boat carrying it, the Lees moved in with the Beaumonts.

By 1839, Beaumont who had always been of a serious and irascible temperament, had many problems to disturb him. An English edition of his *Observations* was to be published; he renewed his efforts to locate St. Martin; he was concerned about selecting an assistant, arguments within the medical society, bickerings with the Surgeon General's office over disbursements; and he also became disturbed over the possibility that he would be transferred back to Jefferson Barracks, as it appeared Zachary Taylor might be using his influence to have his son-in-law replace Beaumont in St. Louis.

Suddenly, without warning, came an order to report to a medical board convening in Florida. The order continued: "After adjournment of the Board, the officers composing it will report to the Commanding General in Florida for duty."

* * *

BEAUMONT IMMEDIATELY wrote to the Surgeon General and the Adjutant General of the Army asking for a change in orders and making an alternative offer of his resignation. He had decided under any circumstances to remain in St. Louis. He wrote: ". . . I am told by some gossips from Washington that the Secretary talks about dropping me from the rolls if I don't obey the order. Let him do as they choose. They will only disgrace and injure themselves

and not me." On February 2, 1840, the acceptance of his resignation arrived.

William Beaumont continued an active and distinguished practice in St. Louis. In 1841, he was elected President of the Medical Society and to membership in the National Institution for the Promotion of Science.

Twelve years later, he slipped on icy steps and, as one of his biographers, Mrs. Max W. Myer⁹ states: ". . . a month later he died of complications."

Mrs. Myer has reported in detail the St. Louis period of Beaumont's life, using letters and diaries of the family, and the episodes above are from her writing.

More recently, Estelle Brodman, Ph.D., Associate Professor of Medical History, Washington University, St. Louis, reported to the 1963 meeting of the American Association for the History of Medicine the important role played by Surgeon General Lovell in the preparation of the *Observations*. Doctor Brodman is reviewing the original Beaumont material collected by Dr. George Dock and given to the University Library.

* * *

WHEN ALEXIS ST. MARTIN died at 86 on June 24, 1880, Sir William Osler attempted to secure an autopsy. The family, however, refused. The body was kept at the home during warm weather to decompose and then buried in an unmarked grave in the cemetery of the Parish Church at St. Thomas, Quebec, to prevent exhumation.

In 1957, the Canadian Physiological Society appointed a committee, of which Dr. E. H. Bensley of Montreal was chairman, to seek ways and means of memorializing the grave of St. Martin. With the help of M. Gabriel Drouin, President, Institut Genealogique Drouin, Montreal and Paris, it was possible to trace descendants of St. Martin. Through personal contacts⁶ by Dr. Eugene Robillard with the family, and with the assistance of French physicians of Montreal and the parish priest at St. Thomas, one of the granddaughters of St. Martin, who as a child had been present at the burial, was influenced to reveal the location of the grave.

The remains of Alexis are in a deep grave a few feet from a side window in the church, the window nearest the altar. On June 7, 1961, a group of Cana-

dian scientists and historians met at the site of the grave and conducted a memorial service and placed a plaque on the wall of the church honoring the memory of the French Canadian voyageur without whom William Beaumont would not have been able to carry out his research.

The same year, a beautiful portrait of Beaumont, painted by Deane Keller of the College of Fine Arts of Yale University, and made possible by the generous contributions of the surgeons of Michigan, was presented by Alfred H. Whittaker, M.D., to the History section of the Hall of Fame of the International College of Surgeons in Chicago. The presentation ceremony was marked by the delivery of a paper by Dr. Chauncey Leake, Assistant Dean and Professor of Pharmacology of the College of Medicine of Ohio State University, evaluating the immense contribution of William Beaumont, M.D., to the annals of American medicine.¹⁰

References

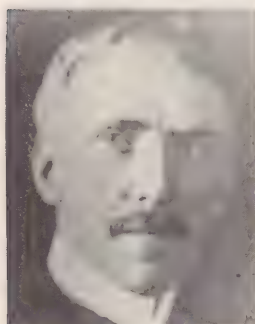
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MSMS Faces World War I, Other Pressures And Problems during 1915-1929 Period

1915-1920

A. W. Hornbogen, M.D., of Marquette, served as president during 1915-1916. At the 1916 Annual Meeting, the House of Delegates unanimously took action "to go on record as recommending universal military training." The Delegates also heard reports about a state-wide tuberculosis survey, "the ever-increasing prevalence of syphilis and gonorrhea in Michigan," the rising cost of printing the MSMS Journal, and other matters.

President for 1916-1917 and again for 1917-1918 was Andrew P. Biddle, M.D., of Detroit, who formerly had served as MSMS secretary and Journal editor. The War was of major concern and Doctor Biddle wrote in the Journal, "The medical profession has never



ANDREW P. BIDDLE, M.D.

failed in a national crisis and it will not fail in this. The keynote of its creed is service, service to its government, service to its people, service to humanity."

A special meeting of the Society was held in May, 1917 when the members voted an assessment of \$5 per member "to create a patriotic fund to be used in assisting the families who might be in need on account of our members' admission to the Medical Officers' Reserve Corps."

At the annual meeting in 1918, Doctor Biddle in his President's Address recognized the plight of the county and state medical societies during wartime. He said, "The work of these societies should be kept as

active as possible in the interest of medical organization. Those at home should make increasing efforts to maintain them in their present state of efficiency by frequent attendance and willing cooperation with the officers in perfecting the programs."

President Arthur M. Hume, M.D., Owosso, in his Address in 1919 commented on the end of the war and pointed out that "adjustments will come but most of them will come slowly, and conditions—economic, social and even financial—will be changed. We shall never readjust to conform to the older but there will ultimately be worked out a new economic and sociologic life and we must live that life or cease to live at all." He urged the delegates "to go home, get the boys together and have a real live county society meeting."

Referring to the spread of governmental programs in the care of the mentally ill and the epileptic and "the growth of state medicine in inspection," etc., C. H. Baker, M.D., Bay City, MSMS President for 1919-1920, sounded a challenge in his Address. He said, "The medical profession must unite more closely and be alert and watchful when medical legislation is proposed to see that its interests are not sacrificed to the commercial competitive idea which would treat skilled services as in the same class as cement and gravel to be bought from the lowest bidder." He added: "Medical service is about the only thing which the public has gotten free." He then went on to advise the doctors, while helping the unfortunate, to be "watchful of his own interests."

1921-1925

Timely comments about compulsory health insurance schemes were made at the 1921 Annual Meeting by President Angus McLean, M.D., Detroit, who led

the Society in 1920-1921. He declared, "Should compulsory health insurance be put in force, we would probably be in the same condition as those countries that have it, namely, Great Britain, Austria and Germany. . . . Let us have a committee from our own Society that will take this matter up and place it in a dignified form before the legislature."

An awareness to public relations problems was expressed by William J. Kay, M.D., Lapeer, President for 1921-1922, in his Address. Doctor Kay declared, "Our relationships as a group to other groups and to the whole body politics gives rise to differences, friction and criticism because of regulations which we think restrict our freedom of action and hampers our efforts for the common good. We are the autocrats of the sick room. We are used to saying, this is the proper course and it must be followed, and we are obeyed, but we cannot carry this same autocratic spirit into the relationships of our group to the public."

The problems of relationships between the doctor and other elements (such as the State Department of Health, the medical colleges and other state organizations) had demanded considerable attention for several years, and William T. Dodge, M.D., Big Rapids, MSMS President for 1922-1923, declared in his Address, "I wish to impress upon you the necessity of considering the various problems of relationships." He advocated MSMS study committees of a permanent nature, with staggering terms for the committee members.

During 1923-1924, The MSMS Council held the first Conference for County Medical Society Secretaries. The Annual Meeting in 1929 heard a President's Address about the history of the State Board of Registration in Medicine by President Guy L. Connor, M.D., Detroit.

Changing trends in MSMS were noted in the President's Address given by C. C. Clancy, M.D., Port Huron, 1924-1925, who said: "Organizational problems of today are not those of even a decade ago. They are vastly more complicated, more numerous, more urgent and apparently more important in their effect upon the present status of medicine. It is no longer sufficient to meet and discuss questions of science only, there are many other matters pertaining to ethical, social and business principles to be considered and wisely disposed of, if the profession of medicine is to hold a commanding position in the present scheme of affairs."

A MSMS program of postgraduate clinical conferences was started during Doctor Clancy's administration.

A highlight during 1925 was the dedication of the University Hospital at Ann Arbor, November 19, 1925.

1926-1929

"The demand of the public for hospital service has been so great that development can hardly keep pace," declared C. G. Darling, M.D., MSMS President for 1925-1926, in his Address. He reported that "already there are 170 hospitals in Michigan with a total of 14,000 beds." He observed also that "the public had demanded a better standard for hospitals."

A proposed amendment to the Constitution "That the secretary-editor shall be elected by the House of Delegates" was defeated, and The Council was permitted to continue this appointment.

MSMS membership that year topped 3,000 with 3,013 on the rolls as of January 1, 1926.

J. B. Jackson, M.D., Kalamazoo, who served as president in 1926-1927, gave a review of Michigan medical practice laws in his President's Address. He commented that "in our present law there is inadequate provision for enforcement." He declared, "My contention is that enforcement of a medical practice law cannot be done through county prosecuting attorney." Doctor Jackson reported to the MSMS House of Delegates that the legislature that year had failed to pass a bill to establish a school of osteopathy in Michigan.

"Contributions of Medicine to Modern Civilization" were reviewed by H. E. Randall, M.D., Flint, 1927-1928 President, in his Address to the House of Delegates in 1928. He discussed progress in diagnostic methods, the valuable assistance from chemists and pharmacologists, the reduction in deaths from tuberculosis, etc. The action of the delegates included the appointment of a committee to confer with the Crippled Children Commission in Michigan "in order that a harmonious agreement and understanding may result from the co-operation of these two groups."

In his President's Address in 1929, Louis J. Hirschman, M.D., Detroit, President for 1928-1929, evaluated the legislative efforts of "cultists, irregular practitioners and enemies of scientific medicine to open the doors to the practice of the healing arts to the incompetent, the unprepared, the ignorant and the malicious." (Governor Green that year had vetoed some health bills that MSMS feared were "vicious and dangerous.") Doctor Hirschman commented also about the rapidly growing field of industrial medicine, the urban movement of doctors away from rural areas and the importance of MSMS-sponsored postgraduate conferences.

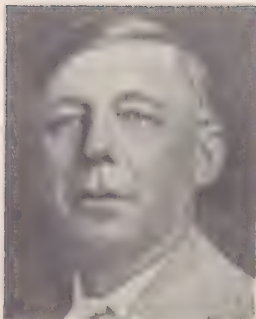
Almost through this 1915-1929 period of MSMS history, F. C. Warnshuis, M.D., of Grand Rapids, served as secretary of MSMS. He was elected in 1913 and continued in office for 16 years until 1929. Doctor Warnshuis was the first secretary in many years to



1913
Guy L. Kiefer, M.D.
Detroit

provide such continuity—the all-time service record for component secretaries was set by George E. Ranny, M.D., of Lansing, who was in office 20 years from 1866 to 1886.

The last MSMS Charter Member, Henry Bishop Landon, M.D., died January 15, 1929.



1915
Alfred W. Hornbogen, M.D.
Marquette



1918
Arthur M. Hume, M.D.
Owosso



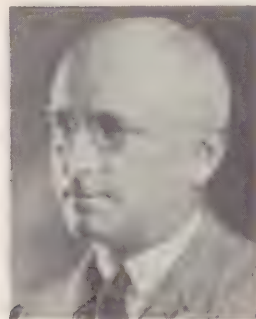
1919
Charles H. Baker, M.D.
Bay City



1920
Angus McLean, M.D.
Detroit



1921
William J. Kay, M.D.
Lapeer



1922
William T. Dodge, M.D.
Big Rapids



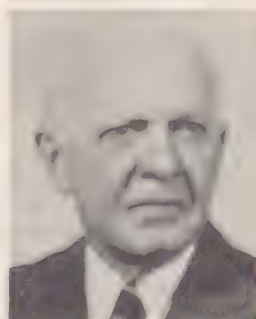
1923
Guy L. Connor, M.D.
Detroit



1924
Charles C. Clancy, M.D.
Port Huron



1925
Cyrenus G. Darling, M.D.
Ann Arbor



1926
John B. Jackson, M.D.
Kalamazoo



1927
Herbert E. Randall, M.D.
Flint



1928
Louis J. Hirschman, M.D.
Detroit

1929-33 Recall Problems Caused by Depression; Joint Committee Builds Up Public Opinion

1929-30

One of the important accomplishments in 1930 was the publication of the two-volume "Medical History of Michigan." The man primarily responsible was C. B. Burr, M.D., of Flint, who was chairman of the MSMS Committee on Medical History. Various doctors wrote portions of the MSMS history.

Another major event of 1930 was the hosting by Michigan of the annual meeting of the American Medical Association in Detroit.

The year 1930 was a busy one. Here are some of the highlights: A cancer committee was created at the



J. D. BROOK, M.D.
President

Annual Meeting of the House of Delegates, and also at this meeting a committee was appointed to study the annual registration of physicians. Doctors will note that it took over 30 years before we started to pay \$5.00 a year for registration in Medicine. In the September JOURNAL, there was a discussion re "Legal Requirements for Practice" on page 683, plus the requirements of the

Michigan State Board of Registration in Medicine. We then planned a program in postgraduate medicine, which was to be carried on through the Michigan State Medical Society and the University of Michigan.

It is interesting to note that in 1930, it was stated

in the JOURNAL that Michigan was primarily faced with the lack of institutional accommodations for tuberculosis. The medical profession had a problem in the removal of the source of infection. Today we have closed our hospitals for the treatment of tuberculosis because of a lack of patients.

The JOURNAL tells about the "Major Objectives of the Michigan State Medical Society." The main objectives are the integrity and influence of the County Societies, which must be maintained. Postgraduate opportunities must be presented and the public must be educated in respect to health problems.

The MSMS postgraduate activities drew 106 doctors and dentists.

The legal requirements for practice were outlined in the September 1930 JOURNAL as follows:

Act 237 as amended places upon the physician, who has received a license to practice in the State of Michigan, certain obligations:

1. He must file his license certificate with the county clerk of the county in which he locates. If he moves to another county, he must file a certified copy in that county.

2. A doctor's license may be revoked for the following violations:

- (a) Procuring, aiding, or abetting a criminal abortion.
- (b) Obtaining a fee on the assurance that an incurable disease may be permanently cured.
- (c) The willfully betraying of a professional secret.
- (d) All advertising in which grossly improbable statements are made.
- (e) Advertising to treat a venereal disease.
- (f) Obscene or offensive advertising.
- (g) The secret division of fees.

- (h) Giving or prescribing alcohol for other than therapeutic purposes.
- (i) Offenses involving moral turpitude, habitual intemperance, or drug addiction.
- (j) Criminal conviction.

The Woman's Auxiliary in 1930 had a total membership of 648. This year Oakland County joined.

In the March 1930 JOURNAL, we find "World of the Michigan State Medical Society," a fifteen point program. The Michigan State Medical Society is actively engaged in the following endeavors:

1. Joint Committee on Public Health Education
2. Representation on and cooperation with the State Crippled Children's Bureau
3. Executive Committee conferences with the State Commissioner of Health
4. Joint Activity with the Department of Postgraduate Medicine at the University
5. Participating in the investigations of the National Committee on the Cost of Medical Care
6. Representation upon the White House Conference on Infant and Child Welfare
7. Contact with Insurance Companies and formulating policies in regard to insurance reports
8. Compilation and publication of our Society's history
9. Annual Conference of County Secretaries
10. Legislation problems—State and National
11. The Annual Meeting
12. THE JOURNAL
13. Medical-Legal Defense
14. Bureau of Public Information
15. Standing Committees on Health, Tuberculosis, Civic Relations

An item of importance to industries was the problem of safely re-establishing in their service the employees who have been seriously ill or injured. Industrial physicians are now inclined to make a more careful check-up on the physical condition of such employees on their return to work. Some firms require a careful examination of certain organs if there has been an absence of three days or more. Such precautions are of great physical importance to the employee and of economic importance to the employer.

J. D. Brook, M.D., Grandville, was the MSMS President.

1930-31

The MSMS Annual Meeting was held in Pontiac and helped to focus attention on the 100th Anniversary of the Oakland County Medical Society.

In 1931, an outbreak in Michigan of poliomyelitis reached greater proportions than any previous outbreak of disease in the state. A Michigan Commission on

Infantile Paralysis was set up with MSMS and other organizations cooperating. The first indication of an epidemic came on August 20, 1931, and within 24 hours MSMS had sent to every MSMS member a Poliomyelitis Bulletin containing a table of diagnostic symptoms. Representatives of MSMS met with the State Commissioner of Health to develop patterns for consultant services, laboratory assistance, etc. An Educational Clinic was held for MSMS members.

During 1931, there was a noted increase in MSMS public health activities. In addition to the polio activity, county health units recommended that advisory

committees be appointed by component societies, and the State Tuberculosis Society requested MSMS and the University of Michigan to undertake the establishment of diagnostic clinics. MSMS vigorously opposed an antivivisection proposal in the U. S. House of Representatives . . . Wayne County Medical Society began the Beaumont Lecture Foundation . . . W. K. Kellogg established the



R. C. STONE, M.D.
President

W. K. Kellogg Foundation at Battle Creek . . . The Upper Peninsula Medical Society dealt with heart diseases, gastric surgery, gall bladder surgery and pelvic infections at its annual meeting . . . C. B. Burr, M.D., MSMS Past President and Historian, died—less than one year after publication of his "Medical History of Michigan."

Also in 1931, the MSMS Cancer Commission held its first meeting and decided to make a survey of the facilities for the diagnosis and treatment of cancer in each county . . . And a proposed bill to give osteopaths all rights to practice medicine and surgery died in committee.

MSMS supported an Annual Registration of Physicians Bill, which included the following benefits:

1. The ascertaining of an authentic up-to-date list of all physicians duly authorized to practice medicine and surgery.
2. The exposing of unlicensed and illegal practitioners and a means by which the Board of Registration and the law enforcement officers of the state to institute legal action against this group.

The fee for registration will be \$2.00. Failure to re-register shall not automatically cancel or revoke the basic license of the holder. Those failing to re-register shall be considered in suspension until they re-register, providing no charges are filed against the applicant.

The MSMS President was R. C. Stone, M.D., of Battle Creek.

On April 14, 1931, the Joint Session of the Michi-

gan Legislature honored the following men: Frederick Novy, M.D., Moses Gomberg, D. Sc., and Reuben L. Kahn, D. Sc.

The Department of Postgraduate Medicine at the University and the Michigan State Medical Society presented a series of courses at Receiving, Herman Keifer Hospitals; Detroit, June 15-27, 1931. The courses included Fractures, Proctology, Tuberculosis, Cardiology, Gastro-Enterology, Allergy, Mental Hygiene, Growth and Development, Serology, Roentgenology, Physical Therapy, Laboratory Technique, Metabolic and Nutritional Diseases (adults), Diseases of the Blood and Blood-Forming Organs, Gynecological Pathology (Gross and Microscopic), Infectious Diseases of Infancy and Childhood, Infant Feeding and Nutritional Diseases of Childhood.

1931-32

During 1932, the MSMS membership because of the depression dropped 191 members from 3,426 in January to 3,235 in December. The MSMS Council that year cut expenses and reduced the MSMS membership dues for 1932 from \$10 to \$7.50. The County Secretaries Conference was postponed to save funds and the Councilors held personal conferences with the secretaries of the county medical societies in their districts.

The MSMS House of Delegates held a special session in January at Jackson to hear the report of the special committee on the Survey of Medical Agencies. The following resolutions were adopted:

1. That any physician becomes ineligible for membership if he associates with any group that provides medical care to individuals who are financially able to pay for medical service and where such groups do not permit its medical staff to determine the individual's eligibility for free service.
2. That the House of Delegates transmit to the Administration Committee of the University Medical School and Hospital its disapproval of any attempt or activity that has for its purpose the taking over by medical faculty members the administration of any clinic in the state.
3. That each county society appoint a Public Relations Committee for the study, solution, and adjustment of local problems.
4. That legal proceedings be instituted against corporations now practicing corporate practice of medicine.

The House of Delegates that year also recommended eight tasks to the County Societies. They were:

1. The creation of a Public Relations Committee that shall solve and adjust local economic problems.
2. The appointment of a local medico-legal advisor who shall cooperate with the medico-legal Committee.
3. Devising a county plan for the care of indigents.
4. Securing as members every eligible physician in the county.
5. Appointment of legislative committee that will maintain intimate contact with your legislative representatives in Lansing and Washington.
6. Organization of Woman's Auxiliary.
7. Conducting Public Health Educational Meetings.
8. Apply the recommendations of our State Committees on Clinic and Industrial Relations, Cancer, and Survey of Medical Agencies.

The American Roentgen Ray Society met in Detroit and discussed diseases of the joints . . . the MSMS



CARL F. MOLL, M.D.
President

Annual Session drew 796 doctors to Kalamazoo . . . The Woman's Auxiliary held its annual meeting also in Kalamazoo with new units in Eaton, Kent and Ottawa Counties . . . and the Michigan X-Ray and Radium Society was organized in Detroit. The MSMS Public Relations Committee had returns from 67 of the 83 counties in its Survey of Medical Services and Health

Agencies. Other activities reported in the MSMS JOURNALS in 1932 included the beginning of an annual inspection by the State Health Department of summer resorts . . . The development of Wayne County Medical Society plans to observe 1933 the 100th anniversary of the publications of the first work by Beaumont . . . And the continuing work of the Michigan Commission on Infantile Paralysis.

The ambitious work of the Joint Committee of MSMS with other health and educational groups to build up sound public opinion relative to the questions of public and private medicine continued. Through the University of Michigan Extension Bureau, County medical and dental societies, health organizations and school officials, the Joint Committee performed the following work—public health lectures, press health columns, high school lectures, poster contests, essay contests, school instruction and press interviews.

The President for 1932 was Carl F. Moll, M.D., of Flint.

1932-34 Was Busy Time for Society With State and Federal Legislation

1932-33

In 1933, in spite of bank closings and financial problems the Society entered in its worthwhile program of providing for the wants of its members. The MSMS membership climbed slightly, and doctors again were given a rebate in their dues from \$10 to \$8.75 for the year.

The Grand Rapids depository for MSMS funds was one of the first Michigan banks to resume full banking business. However, the Society's balance was at a low figure by reason of non-payment of 1933 dues. Practically all county society secretaries had collected dues and they were frozen by the bank holiday.



J. M. ROBB, M.D.
President

The State Legislature was busy with many health bills. An osteopathic proposal to permit osteopaths unlimited practice of medicine and surgery passed the

House and Senate but was vetoed by the Governor. A bill to provide for a Board of Chiropractic Examiners and for the licensing of applicants was approved. A malpractice bill, which posed a direct threat against the medical profession, died in committee. The Wayne County Medical Society had a legislative representative in Lansing. A special meeting of the House of Delegates was held in Lansing to receive a report of the

Survey of State Medical and Health agencies. Among the findings was the discovery that instead of a plethora of doctors in the state, there was not a sufficient number to take care of the work that should be done in the way of periodic health examinations and private preventive medicine and care. Wayne County held a one-day public clinic in November in an effort to help return to the physician the preventive medicine practice that was being conducted more and more by health officers and school physicians.

The postgraduate work of MSMS and the University of Michigan Medical School continued, with courses offered in pulmonary tuberculosis, diseases of metabolism, diseases of the heart, ophthalmology and otolaryngology, proctology, practitioner's course, gynecology, obstetrics, roentgenology, serology, clinical microscopy, and physical therapy.

The following was the work of the County Societies, as reported in THE JOURNAL:

- "1. Enrollment of every eligible member and maintaining his active interest in the County Society.
- "2. Formulation of local principles and policies.
- "3. Establishing and maintaining relationship and contact with local authorities and establishing agreements and rules to be observed in all matters pertaining to local health and public welfare.
- "4. By contacting local authorities, arrive at an agreement as to conditions that will govern the rendering of medical care to wards of your city or county.
- "5. Public education in regards to health.

"6. Participating and advisory interest in all community projects and activities and assuming leadership in everything related to health and medical care.

"7. Conducting county meetings and clinics that will aid your members to remain abreast of scientific progress.

"8. Assert collective influence in administrative affairs of local hospitals and clinics."

An educational highlight was the address by Professor Walter B. Cannon, of Harvard, who as the "annual Beaumont lecturer" in Wayne County helped to mark the 100th anniversary of the publishing of Beaumont's epoch-making work on the physiology of digestion.

The Annual Meeting was held in Grand Rapids when the House of Delegates voted to divide the Upper Peninsula into two Councilor Districts. . . . Child hygiene classes were conducted by many county societies. . . . The Upper Peninsula Annual Meeting was held in Escanaba. . . . About 300 heard about thyroid diseases and related conditions at the Detroit College of Medicine and Surgery Alumni Association Clinic. . . .

A State Emergency Welfare Relief Commission was organized and a medical fee schedule was adopted.

J. M. Robb, M.D., of Detroit, was the MSMS President for 1932-1933.

1933-34

A MSMS Mutual Health Service plan brought national attention to the State Medical Society. The Michigan plan incorporated the following:

1. Free choice of physician by the patient.
2. Limitation of benefits to those who belong to the plan.
3. Control of medical service benefits by the profession.
4. The exclusion of individuals or organizations that might engage in health insurance for profit.

The following principles were cited to be observed in any plan:

1. The immediate cost of medical service should be borne by the patient if able to pay at the time the service is rendered.
2. Medical service must have no connection with cash benefits.
3. There should be no restrictions on treatment not formulated by the medical profession.

THE JOURNAL MSMS for July reports that in Michigan alone, over 6,089 inches of newspaper space was devoted to presentation and discussion of the plan.

Twenty-seven editorials appeared in the lay press. From every section of the country requests for copies of the proposed plan arrived. Most requests praised the MSMS for devising the plan. The fall House of Delegates meeting adopted the following resolution: "The House of Delegates shall postpone action on health insurance, continue the Committee on Medical Economics, and shall hold itself ready for special call, if and when any national or state program of health should appear imminent."

After the annual meeting, J. D. Bruce, M.D., of Saginaw, helped MSMS secure a grant from Mr. Tracy McGregor for the work of the MSMS Committee on Medical Economics. Later, Doctor Bruce was requested to aid in obtaining an additional grant—which was accepted from the Twentieth Century Fund of New York.



GEORGE L. LEFEVRE, M.D.
President

It seems odd now to read the following account in the July issue of THE JOURNAL:

"Detroit has been the place of meeting of two national medical associations during the same week. The American Institute of Homeopathy and the National Eclectic Medical Association held their annual meetings during the week June 18-27. The American Institute of Homeopathy was founded 90 years ago. The sessions were concerned with problems of a social and economic nature as well as methods of practice peculiar to each."

Both groups are gone now.

F. L. Warnshuis, M.D., resigned in July as MSMS Secretary after holding the position for 21 and one-half years. B. R. Corbus, M.D., of Grand Rapids, was designated as Acting Secretary.

Events on the 1934 calendar included an all-day demonstration of medical participation in public health at the Herman Kiefer Hospital, Detroit . . . The Annual Conference of County Secretaries in Ann Arbor . . . Diagnostic medical clinics at the Detroit College of Medicine and Surgery Alumni Day . . . The Upper Peninsula meeting at Ironwood . . . The MSMS Annual Meeting in Battle Creek . . . And the joint meeting of the Michigan Tuberculosis Association, the Michigan Trudeau Society and the Michigan Sanatorium Association met in Ann Arbor, heard a report that 35,000 persons were tuberculin tested and over 7,000 x-rayed during 1934.

George L. LeFevre, M.D., Muskegon, served as president.

Ambitious Public Education Program Helped Tell Medicine's Story

1934-35

The Joint Committee of MSMS and other health and educational organizations, continued its efforts with as many as 600 physicians and dentists lecturing before schools, PTAs, and other lay groups to tell the story of private medicine.

Seven years ago, the *Detroit News* requested the Joint Committee to undertake a health column. The column reached from one to two million readers a year through the *Detroit News* and other state papers which utilized the column.

At a meeting of the Joint Committee on November 7, 1935, four standing committees were created:

1. A committee on Scientific Programs, to select health subjects of greatest social significance.
2. On Health Education in schools.
3. On Adult Health Education.
4. On Administration, which will administer the program, keep the records, and in conjunction with the Executive Committee select the speakers best qualified.

The Wayne County Medical Society Bureau completed its first year of service on February 16, 1935. The Bureau was a plan of credit to patients which enabled them to liquidate their debts to the physician and surgeon, hospital, dentist, or nurse under a post-payment plan. It had many merits; besides being satisfactory to the patient, it had the further advantage of retaining medical practice in the hands of the profession.

The afflicted Child Act was passed in the closing hours of the Legislature and was signed by the Governor on May 29, 1935. The law allowed a Probate Judge to send those afflicted children who come under this law to local hospitals and allows compensation to the attending physician or doctor. The cost of the medical and hospital care was assumed by the state and paid through the hospital. The operation of this act was placed under the control of the Crippled Children Commission.



RICHARD R. SMITH, M.D.
President 1934-35

The following postgraduate courses were given in Detroit: Proctology; Genito-urinary Diseases; Gynecology, Obstetrics, and Gynecological Pathology; General Medicine, Traumatic, Emergency, and Minor Surgery; and Pediatrics. The following courses were given in Ann Arbor: Electrocardiography, Ophthalmology and Otolaryngology, Roentgenology, and Diseases of the Blood and Blood-Forming Organs; and Surgery. The enthusiastic response to the teaching program given in Grand Rapids, Flint, and Battle Creek (jointly) in 1935, at which 796 doctors attended, warranted continuation of this program, as well as extension to other parts of the state. Accordingly, postgraduate programs were conducted in Battle Creek-Kalamazoo (jointly); Grand Rapids; Flint, Bay City; Manistee, Cadillac, and Traverse City (jointly); and Alpena-Petoskey (jointly).

A number of important medical meetings were held in Detroit. The Federation of American Societies for

Experimental Biology heard many papers on the important relation to clinical medicine. . . . The Radiology Society of North America and the International Assembly of the Inter-state Postgraduate Medical Association of North America also met in Detroit.

An important announcement that affected the activities of MSMS was the appointment of an executive secretary—The Council in November appointed Wm. J. Burns, who had served as executive secretary of the Wayne County Medical Society and the Toledo Academy of Medicine. The MSMS offices were moved to 2020 Olds Tower in Lansing.

The Cancer Committee carried out an ambitious program. It included:

1. Cancer education in high schools and PTAs.

2. Utilization of newspapers and the radio as media for presenting cancer facts to the laity.
3. Extension of postgraduate medical education along cancer lines.
4. Investigating the possibilities of obtaining a fact-finding survey of cancer in Michigan.

Other MSMS internal matters included action by the House of Delegates to establish a Section on Radiology. . . . The restoring of the MSMS dues to their former figure of \$10 for 1936. . . . And the gain in MSMS membership from 3,160 in 1933 steadily to 3,393 in 1935.

President was Richard R. Smith, M.D., of Grand Rapids.

Economic Problems Command Considerable Attention

1935-36

The year 1936 I remember very well. Grover Penberthy and myself were candidates in the fall of 1935 for the presidency of the Michigan State Medical Society. I lost. It is interesting as one takes up the history of MSMS from year to year to see that the Society is always looking to the future and the best interests of medicine and society.

In February, 1936, three new Postgraduate Education Extension Centers were added—in Bay City, in Cadillac, and in Traverse city.

In cooperation with the University of Michigan and the Commanding General, 6th Corps Area, U. S. Army and the Commandant, 9th Naval District, U. S. Navy, reserve officers in Michigan, Illinois, and Wisconsin could attend an inactive duty school. Courses included ward walks, observation of surgery. Conferences covered internal medicine, general surgery, oral and dental surgery.

The total MSMS membership was 3,650—a gain of 257.

PRESIDENT PENBERTHY proposed a five-year program.

The following is a digest: (1) High ethical standards of practice must be maintained with more empha-

sis on postgraduate education. (2) It is necessary that capable officers be elected to the county and state societies. (3) All members must support committee activities. (4) Efficient county society executive committees should be organized. (5) To aid public education, Medical Information Bureaus should be set up in each county. (6) The evils of Socialization of Medicine should be made known to the public. (7) Certain legislation must be furthered: a professional qualifications act, a change in the medical practice act, laws regarding care of afflicted children, and a law to combat corporate practice of medicine.

During 1935-36, physicians operated on thousands of people under the Afflicted and Crippled Children's program without receiving any fees (despite laws which call for reasonable compensation) except during the period May 28-June 30, 1935 when they were paid 1/4 the normal fee. During the entire period the



GROVER C. PENBERTHY,
M.D.
President 1935-36

physicians of Michigan saved the state of Michigan 3.3 million dollars.

* * *

MSMS PRESENTED a filter system accepted by the Michigan Probate Judges Association and the Michigan Hospital Association, to care for these children.

The plan consisted of two filters—an economic filter and a medical filter. The economic filter's duty was to establish a code whereby economic self-sustaining patients could be eliminated. The medical filter determined the medical surgical urgency of the case. The medical filter was composed of members of the County Medical Societies. When these two phases were completed the Judge of Probate signed a statement, and the patient entered a hospital of his own choosing.

Twenty-one booklets issued by MSMS and relating to state medicine, sickness insurance, and socialization of medicine were mailed to high schools and to the public in general. Any doctor could request that these booklets be sent to any group or to any individual.

* * *

THE 1935 HOUSE OF DELEGATES instructed The Council to move the MSMS executive offices to Lansing and to employ a full-time Executive Secretary. Mr. William J. Burns was hired as secretary. Mr. Burns retired January 1, 1964 after a most successful career with the Michigan State Medical Society for almost 29 years.

The Emergency Relief Administration provided in 1936 only for work in a doctor's office or in the patient's home. The welfare client could call a doctor for himself or for his family. Neither the physician nor the patient needed authorization. After the service, the doctor mailed to the Welfare Office a form which includes (a) Name of patient, (b) Nature of service, (c) Diagnosis, (d) Classification of illness, (e) Charge for service, mileage and medicine. The welfare patient was to receive only necessary medical care. If unusually expensive treatment was needed, a request and an explanation was made to the relief administration. It was allowed if the treatment was deemed necessary. A committee of three doctors was appointed by the president of county medical society to act in an advisory capacity to the relief administration. It met once a month and reviewed doctors' bills.

The 20th Annual Convention of the American College of Physicians and Surgeons met in Detroit on March 2-6. The College wants to set up an examination board, the passing of whose examinations will be evidence of qualification for specialization in internal medicine.

* * *

THE NEW PROGRAM CREATED by the MSMS Executive Committee together with the Bureau of

Child Hygiene and Public Health Nursing of the State Department of Health sought to reduce infant and maternal mortality through more and better pre-natal and post-natal care, the doctor to provide their treatment, the public health nurse to educate expectant mothers. Plans called for the enrollment of six physicians, six sanitary engineers, and four nurses in three to four months' courses at the University of Michigan to fit themselves for administrative duties in new or existing county or district departments of health.

Another step this year was the establishment of "The Public Information Bureau" to bring the physician into closer contact with groups of laymen. The idea was given to the Public Relations Committee to develop. Its work called for the creation in each county of a speaker's bureau.

In passing, we mention that there was in existence the Detroit Doctors Symphony Orchestra of 50 pieces and its Glee Club of 24 members under the direction of George Miquille, virtuoso cellist with the Detroit Symphony Orchestra. It is too bad that it went out of existence after a few years.

Expansion of maternal and child health services in Michigan under the Social Security Act made possible the establishment of county-wide nursing in Gratiot, Tuscola, Muskegon, Montcalm, and Clinton Counties.

The October MSMS Journal reported that at the next session of the Michigan Legislature a Basic Science Bill will be introduced. Its purpose would be to elevate the standard of training for all those who purport to practice the art of healing in Michigan—doctors, osteopaths, chiropractors, etc. It would cover the following subjects: physiology, chemistry, anatomy, pathology, and bacteriology, as well as public health and hygiene. These subjects are to be taught in regular institutions recognized by higher educational departments of the State. The bill would not affect the standards of any practicing physician.

* * *

L. FERNALD FOSTER, M.D., was chosen MSMS Secretary.

Approximately 215 doctors were licensed by examination during 1936 to practice medicine in the state of Michigan. Ninety-seven were from the University of Michigan, eighty-two were from the Medical Department of Wayne University, and thirty-nine came from medical schools outside the state.

Reading the digest of the work of the President, Officers, and Council, one sees that Doctor Penberthy's year as President was a most successful one for the advancement of medicine in our state.

Governor Murphy Signs Basic Science Bill

1936-37

One of the most important events of the year, medically speaking, was the signing on May 27, 1937, by Governor Frank Murphy of the Basic Science Bill.

The Basic Science Bill was designed to regulate the practice of healing in the State of Michigan and to provide for examinations in basic sciences as a prerequisite to practicing the art of healing in this state.

A six-man board is to be appointed by the governor. This board must give at least two tests a year. In order to qualify, the applicant must pass each test with a score of at least 75 per cent. The basic sciences are taken to be anatomy, physiology, pathology, bacteriology, hygiene and public health, and chemistry.

* * *

Among the important activities of the MSMS and the County Societies during 1937 were:

I. **Legislation:** (1) Basic Science Bill brochure "Michigan Needs a Basic Science Law", (2) Occupational Disease Bill, (3) Workman's Compensation Law, (4) Welfare and Relief with ten proposed bills including the Afflicted and Crippled Child Law, (5) Social Security—including maternal and child welfare and syphilis control, (6) Group Hospitalization, and (7) Cult Proposals.

II. **Economics:** (1) The State Society's five points for the Welfare Commissions Bill, (2) Post-payment plans for the borderline group, (3) Socialized medicine brochure: "Who Wants Socialized Medicine?"

III. **Medical Speakers** before lay groups and organizations: (cooperation from Joint Committee on Health Education).

IV. **Speakers** on scientific subjects for scientific programs of county societies.

V. **Radio Programs** over 18 stations throughout the state.

VI. **Exhibits** at the Annual Meeting of the MSMS.

VII. **MSMS Bureau of Information** contacting 425 newspapers.

IX. **Medical Columns** in city and county newspapers.

X. **The Filter System.**

XI. **County Health Units**—Educational and Administrative.

XII. **Non-practice Protection.**

XIII. **Ethics Committee of the MSMS.**

XIV. **Development of Woman's Auxiliary Units.**

XV. **Membership Campaigns** for eligible non-members.



HENRY E. PERRY, M.D.
MSMS President
1936-37

The continued interest in Postgraduate work told of University of Michigan courses held at the University Hospital, Ann Arbor, from April 5, 1937 to August 20, 1937. The courses dealt with Electrocardiograph Diagnosis, Diseases of Metabolism, Ophthalmology and Otolaryngology, Diseases of the Blood and Blood-Forming Organs, Surgery, Medical Roentgenology, and Laboratory Technique and Clinical Microscopy. A course in Pediatrics was given at Henry

Ford and Children's Hospitals. At Receiving Hospital, Detroit, the courses ran from April 26 through May 7, covering Proctology, Diseases of the Genito-Urinary Tract, Gynecology, Obstetrics, and Gynecological Pathology.

For those interested, there is an article on Malpractice in the March issue of THE JOURNAL.

In early 1937, the Woman's Field Army of the American Society for the Control of Cancer was founded to educate lay people as to the cause and prevention of cancer. Michigan Auxiliary members quickly offered their services. At their suggestion, Governor Murphy proclaimed March 21-27 "Fight Cancer Week Throughout the State."

* * *

The mid-winter meeting of The Council approved a Venereal Disease Control Program with preservation of doctor-patient relationship. Points covering medical phases of relief and welfare were agreed upon for inclusion in proposed recodification laws. A committee is to be formed to represent the MSMS, the Michigan Hospital Association and the Michigan Association of Roentgenologists in Crippled-Afflicted Child Work.

In May, 1937, the first medical supplement in a Michigan newspaper appeared in *The Detroit Free Press*. The announcement read: "It (the medical supplement) will be published by the Wayne County Medical Society who will furnish information about

the County Society and stories about medical projects and medical men."

The Joint Committee, comprised of representatives from various institutions concerned with health, worked in four fields—State Welfare Law, Medical Care in Michigan Prisons, Occupational Disease Law, and Formation of Full-Term Health Units. It is amazing to read what the MSMS and its committees and members do during a year.

* * *

The Michigan legislature, in addition to passing the Basic Science Law, also approved bills which provided for an appropriation of \$50,000 for syphilis control, an Ante-Nuptial Examination Law, a law to allow the teaching of social hygiene in public schools by qualified physicians, a law providing compensation for occupational diseases, the liberalization of old-age assistance, the hospital building program, recodification of Afflicted and Crippled Child laws, a law regulating strictly the growth of marijuana and other narcotics, divorcing the State Hospital Commission from the State Welfare Department and revising the laws under which it operates, laws to protect the blind in Michigan, a law governing the unethical practice and advertising of optometry, and a law to provide for treatment and compensation of typhoid carriers.

The Council's Executive Committee ordered that THE JOURNAL MSMS be copyrighted.

Henry E. Perry, M.D., of Newberry, served as president during 1936-37.

Doctor Placement Service Inaugurated

1937-38

The President of the Michigan State Medical Society for 1937-38 was Henry Cook, M.D., of Flint.

The total membership was up to 3,963, for a gain of 238.

Looking over the notes regarding the activities of the Society, it strikes me that we, the members, do not realize the tremendous amount of time, energy and their own money that the officers of our Society contributed to the successful making of a growing society like the Michigan State Medical Society. The Executive Committee that year held five meetings. Here is the digest of the March 31 meeting of the Executive Committee in Detroit:

1. Governor Murphy offered to help the MSMS in the work of the AMA Survey. (Survey to ascertain the adequacy of medical care.)

2. Right of employes of state penal institutions to choose their doctors was demanded.

3. Request was made for amplification of Attorney General's opinion re interpretation of x-ray plates.

4. The filter system was made official by the Michigan Crippled Children Commission.

HERE IS A RESUME of the Mid-Winter meeting of The Council in Detroit on January 12 and 13.

1. The Annual Meeting of the MSMS was set for Detroit, September 20-22, to feature 30 guest speakers.

2. The principle of the Michigan Health League's Constitution was approved.



HENRY COOK, M.D.
MSMS President
1937-1938

3. All County Medical Societies were urged to continue their filter systems.

4. Report of Committee on Postgraduate Education—The attendance at the intensive intramural courses (Ann Arbor and Detroit) was 354; at extramural courses, 1,107 physicians attended. One hundred twenty-eight doctors attended the courses given in

the Upper Peninsula and in the upper portion of the lower peninsula. This made a total of 1,589 doctors attending postgraduate courses this year.

The Executive Committee in Lansing on April 14 authorized MSMS President Henry Cook and MSMS Treasurer William A. Hyland to outline to a committee of the U. S. House of Representatives the place of the private medical practitioner in syphilis control work.

The Executive Committee of The Council met in Eloise on May 19. The following is a digest.

1. Group hospitalization was discussed with trustees of the Michigan Hospital Association.

2. Letter to the MSMS membership re Supreme Court Amendment was given approval.

3. Personnel of the Basic Science Board, as appointed by Governor, was announced.

4. Consolidation of Delta and Schoolcraft County Medical Societies was recommended to the House of Delegates.

5. Elimination of the 13th Councilor District was recommended to the MSMS House of Delegates.

The Executive Committee of The Council met in Washtenaw County, June 30. The following is a digest.

1. Spot Speaker Service was established as an activity of the MSMS.

2. Certificates of "Associate Fellowship in Postgraduate Medical Education, MSMS" were approved to be awarded to approximately 400 physicians at the 1938 annual meeting.

3. MSMS accepted an invitation of the Michigan Crippled Children Commission to write a booklet about "burns."

The Executive Committee met also November 10 and December 13. The following are the highlights:

1. Placement service was created to aid localities in need of a doctor of medicine, to aid physicians in their search of a good location.

2. Occupational Disease Law was discussed with the Commissioner of the Department of Labor and Industry.

3. Syphilis Control Program of Ingham County Medical Society was approved.

Among the important matters of the year was the 73rd Annual Meeting of the Society in Detroit. A new "Conference for Interns and Residents" and the Symposium on the "Business Side of Medicine" were held. There was a total of 76 exhibits shown. The registrations were as follows: Woman's Auxiliary—121; the MSMS—2,007.

* * *

THE WOMAN'S AUXILIARY began the year with 13 Auxiliaries and three new units were formed at Lapeer, Fremont and Washtenaw.

The Joint Committee's activities, its objectives, and particularly its setup within the Extension Department of the University of Michigan and yet not controlled or influenced by the University, has been attracting more and more interest. The MSMS was the originator of the plan and it continues to be one of the most important affiliates of the group. The prime objective of the Committee is to present to the public the fundamental facts of modern scientific medicine.

* * *

MSMS INAUGURATED a placement service, designed to help any community which felt the need of a doctor of medicine, and also to assist young physi-

cians about to enter practice, or older doctors, to find a good location. A survey was undertaken to ascertain the need for additional medical service anywhere in the state.

The MSMS House of Delegates took the following action:

1. The Delta County Medical Society and the Schoolcraft County Medical Society were merged into one medical society known as the Delta-Schoolcraft County Medical Society.

2. The following Councilor Districts were reorganized: 9th, 10th, 12th, and 13th. District 17 was abolished.

* * *

THE APRIL JOURNAL carried an effective story about the benefits of membership. The following benefits were stressed:

1. Assurance of a high ethical standing for you in the community, the state, and the nation, before the public, the law, and the profession.

2. Lectures and postgraduate courses to keep you in touch with medical progress.

3. Your common interests safeguard through the vigilant work of democratically elected officers.

4. Benefits accruing from the actions of numerous committees.

5. Maintenance and constant improvement of standards of medical practice for the protection of patients.

6. A monthly Journal of high quality with the latest scientific information.

The Annual Beaumont Lectures in conjunction with the Wayne County Medical Society was planned for February 20 and 21, 1939, with Jesse Bullaw, M.D., of New York, as the lecturer.

The Alumni Association of the Wayne University College of Medicine held its 49th annual reunion and the Detroit clinics on June 15-16, 1938.

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THE UPPER PENINSULA Medical Society held a conference on August 18 and 19, in Sault Ste. Marie with clinics about Vascular Disease, Back Pain, Nephritis, Management of Gall Bladder Disease.

In closing this article, I salute all the officers, the members of the House of Delegates, the Chairmen of the various Committees, and their respective members for their unselfish work in making the Michigan State Medical Society the successful organization it is.

House of Delegates in Special Session Approves Group Medical, Hospital Service

1938-39

The President of the Michigan State Medical Society for 1938-39 was Henry A. Luce, M.D., Detroit. For many years the writer knew Doctor Luce as a friend, a leader in his chosen specialty, and a true gentleman with a kindly manner toward all. In addition, he was a medical statesman, who all his life worked for the betterment of Michigan State Medical Society and its aims to improve the practice of medicine. The Society owes a great debt to Henry Luce. This year was a busy and important one in medical matters.

Here is a digest of the highlights of the meeting of the Executive Committee held on October 19, 1939:

1. Group Hospitalization Service and Medical Care Plans were studied for presentation to the MSMS House of Delegates.
2. Requisites for Associate Fellowship in Post-graduate Education MSMS were widened.
3. It was reported that automobile license plates for physicians, with M.D. thereon, would be available in 1940.

The Department of Internal Medicine of the Uni-



HENRY A. LUCE, M.D.
President 1938-39

versity of Michigan inaugurated in 1938 a series of medical conferences, the first of which was held in the Hospital Ampitheatre on October 7.

The 18th Annual Public Health Conference was held at Grand Rapids on November 9-11; the attendance was over 1,200 people.

The mid-year Meeting of the Woman's Auxiliary to the MSMS was held in Detroit on November 18, 1938. A communication came from the MSMS to the effect that, owing to the growth of the Auxiliary, it should finance all of its own activities.

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A SPECIAL MEETING OF the House of Delegates held in Detroit on January 8, 1939, was probably one of the most momentous and important meetings of that legislative body. Two major items came up for consideration: (1) group hospital care and (2) group medical service for those whose income is \$1,500 a year or less. The House of Delegates approved both these plans.

The delegates, generally, felt that group hospitalization would allow a subscriber to purchase a given number of days of hospital service for a moderate premium payment, and that medical service would enable a person to purchase units of medical service, such units to include all services rendered by doctors of medicine in all the specialties. The action of the House of Delegates called upon The Council to develop its plans in cooperation with the Michigan Hospital Association, labor, industry, agriculture, and religious and educational groups.

The annual Beaumont Foundation Lectures, under

the auspices of the Wayne County Medical Society, on February 20 and 21, 1939, were given by Jesse G. M. Bullowa, M.D., of New York.

The Michigan Association of Industrial Physicians and Surgeons held its annual meeting in Lansing, April 19, 1939.

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THE ANNUAL SECRETARIES' Conference was held in Lansing, January 15. The following were the topics discussed: Michigan's Group Hospitalization and Medical Service Plans, Our Legislative Forecast, and Physicians in the Press and on the Air. The Upper Peninsula Secretaries' Conference was held in Marquette on March 26, 1939.

The Upper Peninsula Medical Society held its annual meeting August 23-24 in Escanaba.

The Executive Committee of The Council meeting in Detroit on May 7, 1939, took the following action:

1. Incorporation of "Medical Security, Inc.," authorized in accordance with Michigan's new voluntary group medical care enabling act the first of its kind in the United States.
2. New postgraduate program in venereal diseases was outlined.
3. Representatives of the MSMS were chosen to serve on the Board of Directors of the Michigan Society for Group Hospitalization.

The Executive Committee of The Council in Detroit on June 22, 1939, approved Articles of Incorporation of the "Michigan Medical Service" covering the MSMS voluntary group medical care plan for submission to the Michigan Insurance Commission.

* * *

THE ANNUAL MEETING was held in Grand Rapids, September 19-22. The program included a

four-day intensive postgraduate conference presenting 74 outstanding speakers and over a hundred scientific exhibits. Registration totaled 1,810.

The Cass County Board of Supervisors voted on October to establish a full-time county health department, thus becoming the 61st Michigan County to provide this service.

An impending epidemic of infantile paralysis in the state gave rise to the development of the Michigan Poliomyelitis Commission. This emergency organization was formed to furnish consultation service for the early diagnosis and prompt orthopedic care of poliomyelitis. It was developed through the sponsorship of the MSMS, the Michigan Branch of the American Academy of Pediatrics, the Michigan Department of Health, and the interested lay groups.

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THE MICHIGAN SOCIETY for Group Hospitalization, organized by the Michigan State Hospital Association approved by the MSMS, began its operations in the field of hospital service. The organization provided 21 days of hospital service in any one year. The hospital service included no professional services rendered by a doctor of medicine. It covered room and board, general nursing, operating room and intern service, ordinary drugs and dressings, and certain technical services rendered by hospital employees.

The Executive Committee of The Council, meeting in Lansing on April 16, 1939, took action to oppose the Wagner Bill, and to oppose the transfer of the administration of the Afflicted Child from the Crippled Children's Commission to the Welfare Departments.

The membership for 1938 was 4,205, a gain of 242 members over 1937.

As one looks over the work of the Society, the year 1939 was one of many important matters, not only to the Michigan State Medical Society but to the public at large.

MSMS Diamond Jubilee

1939-40

The year 1940 was an important one in the history of the Michigan State Medical Society. It marked the "Diamond Jubilee" of the Society.

At the Annual Meeting in Detroit on September 25-27, registration hit a new record with 2,561 persons registered, including 1,813 members of the Society.

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AT THE Diamond Jubilee, 149 members received "Certificates of Associate Fellowship in Postgraduate Education" for completed courses sponsored by the MSMS Postgraduate Committee.

Michigan Medical Service, which was started in 1939, continued to require considerable attention. On November 30, 1939, The Council transferred the

task of inaugurating the Medical Service Plan to the Board of Directors of the Michigan Medical Service. In January, 1940, the organization sent out Registration Applications to all doctors of medicine in Michigan to signify their desire to cooperate in providing medical services for persons in the low income group on a pre-payment basis. As of June 6, 1940, 3,082 doctors had completed their applications to the Michigan Medical Service.



BURTON R. CORBUS, M.D.
MSMS President, 1939-40

As of July 31, 66,982 persons were enrolled, including employees and usually their dependents. An average of 1,700 subscribers each month had been noted.

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THE COMMITTEE on Industrial Hygiene of the MSMS had produced the following program:

1. To make a survey of the facilities now in existence to meet the problem of industrial health.
2. Concentration of our effort upon the develop-

ment of an appropriate educational program.

3. Cooperation with the official health agencies in acquainting the medical profession with the laws with reference to reporting of occupational diseases.
4. After the profession is prepared by these programs, local committees on industrial health should be appointed, whose function it will be to study their own local problems and cooperate with the official health agencies to promote health and hygiene methods in the control of occupational diseases.

Seven Michigan Health Departments received awards in 1939 in the National Health Conservation Contest. Highest honors went to the Alger-Schoolcraft Health Department, which was awarded first place among rural health departments in the north-eastern division.

A series of 24 weekly radio programs were presented over a network of 12 stations during the period from November 6, 1939 to May 10, 1940.

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ONE OF THE MOST noteworthy programs of the Preventive Medicine Committee was completed in 1939 resulting in the distribution of immunization schedules and cards. These cards were mailed to the parents of all new-born children and to be kept as a permanent record of that infant's health from birth to the day he enters school. The parent was advised when to see his family doctor for protection against whooping cough, diphtheria and small-pox.

Dues of the MSMS had not been raised but remained at \$12 per annum. The Council was authorized by the House of Delegates to levy an assessment of \$5 per member to cover emergencies. However, financial matters were so well arranged that no direct assessment or increase in dues was necessary.

Among other matters of importance was the upholding by the Wayne County Circuit Court of the Constitutionality of Michigan's Basic Science Law, passed by the Legislature in 1937.

The reader can easily see that it was a busy year for Doctor Corbus and his official family.

Efforts Centered on War and Defense

1940-41

MSMS attention was focused in 1941 on the great job of providing medical officers for the armed forces. In December, Michigan was faced with the procurement of 100 medical officers—and it was reported that the next quota would be for 700 more.

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THE FOLLOWING WORK was done by the House of Delegates at the 1941 Annual Meeting:

1. Modernized the MSMS Constitution and By-Laws.
2. Recommended the rehabilitation of rejected draftees.
3. Renewed the MSMS Charter for another 30-year period of activity.
4. Created a Section on General Practice.
5. Adopted the reports of the MSMS Committees.
6. Elected progressive practitioners of medicine to the various MSMS offices.
7. Registered a vote of confidence in Michigan Medical Service.

* * *

MICHIGAN MEDICAL SERVICE reported that during its first year, services were rendered for more than 9,200 patients for which 1,694 doctors received over \$300,000. A total of 3,439 doctors of medicine had completed their registration with Michigan Medical Service. At the end of the year, there was a total of 131,127 subscribers.

The 1941 House of Delegates also adopted the basic principle that the pre-payment plan to be sponsored by the medical profession should not be another insurance cash indemnity arrangement, but should be a direct service arrangement. A schedule of benefits, which is equivalent to the prevailing charge by doctors in Michigan for persons whose income ranges from \$1500 to \$1700 annually, was carefully set up through the cooperation of numerous committees in the various fields of practice.

The following Postgraduate courses were offered in Detroit: Allergy; Anatomy; Diseases of the Blood and Blood-forming Organs; Diseases of the Genitourinary Tract; Diseases of the Heart, Electrocardio-



P. R. Urmston, M.D.
MSMS President, 1940-41



H. R. Carstens, M.D.
MSMS President, 1941-42

graph Diagnosis; Gastroenterology; Laboratory Technique; Nutritional and Endocrine Problems; Ophthalmology; Pathology; Pediatrics; Proctology; Roentgenology. Extramural courses included the care of the injured; the diagnosis and treatment of meningitis; useful drugs in gastroenterology; digestive derangements; the significance of albuminuria; office gynecology and clinical conference.

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AT THE SEPTEMBER meeting in Grand Rapids, The Council voted to underwrite the establishment in 1942 of five Postgraduate Medical Conferences in the Upper Peninsula similar to those now in existence in the Lower Peninsula.

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SINCE THE BASIC Science Law, which was passed by the Michigan Legislature in 1937, became effective, three examinations have been held by the Board. Two individuals wrote the first examination given on March 29-30, 1940, and both failed to pass. On June 28-29, 1940, the second examination was given to 76, of whom 53 passed and 23 failed. The third examination was given on February 14-15, 1941. Forty were examined and 35 passed.

A new bill was introduced into the U. S. Congress—the Brown-Wagner-George Hospital Construction Bill. The purpose of the bill was to offer grants-in-aid to assist state and other political subdivisions in constructing, improving, and enlarging needed hos-

pitals especially in rural communities and economically depressed areas.

The MSMS annual meeting was held at Grand Rapids, September 16-19. Thirty out-of-state authorities spoke and over a hundred exhibits were shown. A total of 2,117 persons were registered (not including members of the Woman's Auxiliary).

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THE MICHIGAN SOCIETY of Anesthetists was organized May 22, 1941, in Ann Arbor. Standing committees on education, public relations, and legislation were created.

The 55th county society charter was granted in 1941 to the Huron County Medical Society.

The Council began holding Councilor District Meetings, to replace meetings known as State Society nights.

1941-42

Before taking up the history of the Michigan State Medical Society for 1942, I would like to say a few words about Doctor Carstens, who was President that year. In my space I can only give you a thumbnail sketch of the illustrious son of a famous father. (His father was a nationally-known abdominal surgeon and gynecologist of his day. "Dad" Carstens was the affectionate title given him by the students. His story would make a book in itself.) His son, Henry, did not follow in his father's footsteps as a surgeon. After graduation and internship at Harper Hospital, he soon established himself as an internist. He was elected President of the American College of Physicians, served in World Wars I and II, and also held various other offices in the medical societies. He received numerous commendations for his medical work in the Army Corps. After the end of World War II, he entered the Veterans Administration and served there until he was released recently. He was a man who not only served his country well, but medicine also.

* * *

THE IMPORTANT MATTERS in 1942 were the war and defense efforts.

The MSMS Medical Preparedness Committee was active in encouraging the procurement of 800 medical officers. Approximately 200 Michigan doctors have joined the armed forces in the past year.

Hundreds of physicians devoted their time to teach first aid to thousands of men and women

needed for Michigan's Civilian Defense.

Early in May, the Army set up a Medical Recruiting Board in Michigan, which processed applicants for appointment and granted the commissions on the spot. Through this streamlining of medical recruitment, commissions were granted in a matter of days.

An institute on "Medical Practice in Total War" was presented as part of the Annual Meeting Program by the MSMS Preventive Medicine Committee, in Grand Rapids.

Military membership in the MSMS was granted to members in good standing with their state dues paid during the period of such active service if recommended by the county medical society.

February 28 marked the completion of the second year of operation of Michigan Medical Service. On November 30, 1941, the enrollment reached 450,000. During the first year \$200,000 was paid to doctors for services to subscribers. A total of 3,489 doctors were participating.

The membership for 1941 was 4,495, a gain of 17 members.

* * *

THE MICHIGAN WOMAN'S AUXILIARY had 1,257 members. During the past year, the following activities have been accomplished:

1. Hospital Insurance for Physician's Widows (individual contacts) set up.
2. Set up a Student Loan Fund and provided for its administration.
3. Publication of a State Bulletin.
4. Organized Auxiliaries in three new counties.
5. Sponsoring jointly with the Michigan Tuberculosis Association a High School Radio Contest.

POSTGRADUATE PROGRAMS were offered at Ann Arbor, Bay City, Flint, Cadillac, Grand Rapids, Kalamazoo, Lansing, Mt. Clemens, Sault Ste. Marie, Marquette, Houghton, Ironwood and Powers.

Following instructions from the 1941 House of Delegates, the Executive Committee empowered the president of the State Society to sign the trust agreement creating the "MSMS Foundation for Postgraduate Medical Education" on June 18, 1942, in Detroit. The trust fund was to be devoted to the development of a greater Michigan postgraduate medical program.

Detroit and Wayne County were the starting points of Michigan's emergency immunization campaign to protect children over 9 months and under 10 years of age against diphtheria and smallpox.

Michigan Health Council Is Organized

1942-43

Before taking up the wartime events of 1943, I would like to put down something about Doctor Cummings. He was one of the few Past Presidents who answered the questionnaire sent to them for information for this historic series. I think his reply reflects the character of the man himself and his work during his administration.

The question was, "What were the notable medical events during your term?"

Here is his answer:

"Postgraduate Conference on War Medicine; Spring and Fall teaching centers conducted in five centers in the Northern Peninsula; Protection of the health interests of the people of Michigan with one-third of our doctors in Service and the Government attempting to care for the wives and families of soldiers, obstetrical care and pediatrics with compensation to the doctors without consulting the medical profession. Establishment of Foundation for the advancement of Medical Education in Michigan.

"I take no credit for the activities advanced by the Michigan State Medical Society during this war period. I only am grateful that it was my privilege to serve the physicians of Michigan, the government of my country and the people of the State of Michigan."—H. H. Cummings, M.D.

A fine record I think.

* * *

MILITARY POSTGRADUATE courses were started in 10 medical schools including the University of Michigan. A large number of doctors were sent to postgraduate studies for a few weeks before going into service.

The Annual Meeting of The Council was held in Detroit on January 16 and 17, 1943. The following were the highlights:

1. Membership of the MSMS at an all time high was 4,714.
2. 1,500 Michigan doctors were serving in the Armed Forces.
3. Industrial Medical and Surgical Clinic, April 8 in Detroit, approved.

4. Study of post-war postgraduate programs and special medical refresher courses recommended.
5. Integration of all medical postgraduate programs in Michigan recommended.
6. Proposed amendment to the Michigan Medical Practice Act, to permit licensing of graduates of wartime telescoped medical courses approved.

The Survey of Medical Service Available for Civilians conducted through County Medical Society Secretaries in January found 18 secretaries reported critical shortages of doctors in certain areas; and 10 secretaries reported abnormal increases in population and the need to relocate 66 physicians.

* * *

RESTORATION OF THE historic early house on Mackinac Island as a memorial to William Beaumont, M.D., was assured when the ownership of the property passed from private hands to the Mackinac Island State Park Commission. Purchase of the Early House had long been a project of both the Mackinac Island State Park Commission and the MSMS. Completion of the purchase was accomplished in November.

Unprecedented in the history of Michigan was the joint meeting of the executives of the MSMS and the Michigan Hospital Association held on July 17. An important program of joint activity and endeavor, to which officers of Michigan Hospital Service and Michigan Medical Service also subscribed, were outlined by spokesmen and referred to a joint committee as a result of this meeting.

MSMS vigorously opposed the Wagner-Murray Bill, which called for one man to direct the nation's medical care. He would be given 3 billion dollars initially to implement the scheme. This would be complete socialization.

The 78th Annual Meeting of the MSMS called a Postgraduate Conference on War Medicine was held in Detroit, September 22-24. Twenty-two out-of-state guest essayists were present.

The Board of Supervisors of Wayne County es-



H. H. Cummings, M.D.
MSMS President, 1942-43



C. R. Keyport, M.D.
MSMS President, 1943-44

established a full-time County Health Department, May 1, 1943. This was the 69th county to provide this service.

The Barbituric Control Bill experienced a stormy time in the 1943 Michigan Legislature. The controversy centered around the word administration—the House refused to include the word and the Senate would not pass the bill without the word. Finally, the Conference voted to include the word.

* * *

THE MSMS AND THE State Bar of Michigan united in a campaign against venereal disease. Representatives of both these professional organizations met May 23 and appointed a joint committee to devise ways and means to control venereal diseases by education, by legislation, and by increasing necessary hospital facilities.

The Council held a conference with representatives of the Bureau of Maternal and Child Health of the State Department of Health and discussed the federal program of rendering aid to the wives of men in service. The Council took the following stand: that the MSMS should co-operate in a plan provided (1) that the program terminate 6 months after the end of the present war, (2) that the physician-patient relationship on a fee basis be maintained, and (3) that the forms be simplified. The Council disapproved the features of the present plan which placed a bureaucrat between the patient and her doctor.

1943-44

As of April, there were 2,175 Michigan doctors in the Armed Forces of the United States. This shows that Michigan doctors were doing their share of work.

Among the matters of interest during the year was the special assessment for 1944 for educational purposes, which was levied by the Michigan State Medical Society House of Delegates the previous September. Membership cards were issued only upon payment of \$22 to the State Society, representing the regular dues and the special assessment.

The mid-winter meeting of The Council was held in Ann Arbor. The following was a digest of their action:

1. Membership of the MSMS was at an all time high—4,786.

2. Psychiatric Clinic in connection with the Wayne State University School of Medicine discussed.

3. Second Annual Postgraduate Industrial Medical and Surgical Conference was scheduled for April 6 in Detroit.

* * *

ACTING UPON instructions of the 1943 House of Delegates, The Council endeavored to obtain certain modifications of the bureaucratic orders governing the distribution of care under the Emergency Maternity and Infant Care Program. Negotiations had been in progress since May 22, 1943. The Executive Committee reported in February that no agreement could be made.

Departing from traditional standards so "the general public may have a more intimate knowledge of the great contributions and tireless efforts of the doctors who serve them," MSMS entered the field of promotion via radio. Stressing the importance of maintaining the private practice of medicine and of increasing the use of prepayment medical and hospital plans, the Society sponsored a series of thirteen weekly programs on 12 stations.

The Michigan Physicians Committee, a branch of the National Physicians Committee, was organized at a meeting held in Detroit on October 11. Representatives from the MSMS Councilor Districts were present at the meeting. The Michigan Physicians Committee will work in the interest of better medicine, the preservation of all that is valuable in the present American type of private practice, together with the encouragement of supplemental features, where needed, to the end that good medical care is distributed to all in the State who need it.

The Michigan State Board of Registration in Medicine took action effective January 1, 1944, to reduce temporarily, as a war measure, the 12 months of rotating internship to nine months in an approved U. S. hospital.

The Executive Board of the Woman's Auxiliary to the MSMS held its 18th mid-year meeting in Detroit, to advance two projects: the defeat of the pending Wagner-Murray-Dingell Bill, and the campaign to recruit girls for the nursing profession.

* * *

THE IDEA OF forming a health council was advanced at a meeting July 16-17, 1943, at Mackinac Island. This meeting was attended by members of The MSMS Council and representatives of the Michigan Hospital Service. The Michigan Health Council was incorporated as a non-profit organization in 1944.

A Medical Veterans Readjustment Program to aid returning medical officers of Michigan was created by the 1944 House of Delegates in Grand Rapids. The program sought to assist medical officers with problems of relocation, finances, and postgraduate work. The House of Delegates instructed that an assessment of \$5 be levied in 1945 on every active member to defray the expenses of this post-war veteran's program.

Michigan Foundation for Medical and Health Education Launched

1944-45

Before we tell the story of the work of the Society for 1945, I would like to say something about "Andy" Brunk, as we called him. I could easily use this page just to enumerate the work that this "Stalwart of Medicine" did for our Society and for the advancement of help to the sick.

I shall have to restrain myself and give the reader just a few of his contributions. He was very active in the Wayne County Medical Society and the Michigan State Medical Society, being President of each organization. He was a Founder and Former President of the Michigan Health Council. He was a well-known surgeon and owned the Marlin Place Hospital. Doctor Brunk died at the age of 67 on February 3, 1952. The title "Medical Statesman" could be rightly given him.

* * *

DURING 1945, BLUE SHIELD served 700,000 people. Approximately 200,000 persons received surgical services for which almost \$8,500,000 was paid. MMS also repaid MSMS its original contribution of \$17,544.

An amendment to the Michigan Constitution was proposed which would have controlled and dictated the future career of medicine. If voted in, it would have destroyed the private practice of medicine in this State.

A director of health insurance would have been authorized to make arrangements with duly licensed practitioners, specialists, consultants and clinics for services and supplies.

* * *

THE 1945 HOUSE of Delegates took the following actions:

1. A new statement was made to the effect that wards of the government were not indigent and that physicians should be paid for services to them.
2. The work of the Drafting Committee was ap-

proved to set up a group of principles that the profession would support when made the basis of national legislation amending the Social Security Act.

3. A special assessment of \$25 was voted for various purposes, including a public relations and a public information program.

The outstanding activity of the new Michigan Health Council was the "Michigan Survey of Public Opinion," which verified the fact that the people look to the medical profession for guidance and action in the problem of complete distribution of medical care.

* * *

THE COUNCIL APPROVED the recommendation of its Medical Advisory Committee on Physical Rehabilitation that a uniform medical and surgical fee schedule, to apply to all governmental agencies, be adopted by the MSMS. A special committee to develop this schedule was appointed, which reviewed 25,000 items in 121 individual fee schedules. The Special Committee arrived at a Uniform Fee Schedule for Governmental Agencies which it felt was fair to all parties concerned. The House of Delegates approved the Schedule.

The 80th Annual Scientific Session of the MSMS, scheduled for Detroit, was cancelled. The War Committee on Conventions denied the request of the State Society to hold its Postgraduate Conference on War Medicine.

* * *

THE MICHIGAN FOUNDATION for Medical and Health Education was incorporated under the sponsorship of the MSMS. The purposes of the Foundation were "to acquire, provide, use, develop, endow, and finance methods, means, and facilities for postgraduate education in medicine, for lay health education, and for research fellowships and scholarships, all in such a manner as the Trustees shall determine." This replaces the MSMS Founda-

tion for Postgraduate Medical Education, created in 1942.

1945-46

The February issue of THE JOURNAL took pride in claiming 14 "Firsts" for MSMS.

1. Plan for furnishing home office medical care for veterans.
2. Michigan Medical Service.
3. Extra-mural Postgraduate Education Courses in physician's own communities.
4. Michigan Foundation for Medical and Health Education.
5. Health Programs over WJR.
6. Annual Industrial Conferences.
7. Detroit-Denver Medical Public Relations Conferences.
8. Development of "outline" for needed medical legislation beneficial to the people.
9. Michigan Rheumatic Fever Control Program.
10. Medical Veterans' Readjustment Program.
11. Uniform Fee Schedule for Governmental Agencies.
12. Cancer Detection Clinics.
13. Organization of the Michigan Health Council.
14. Stimulation for creation of a National Health Congress.

* * *

THE FIRST annual Michigan Clinical Institute, sponsored by the MSMS in cooperation with the University of Michigan Medical School, the Wayne County Medical Society, and the U-M Department of Postgraduate Medicine, was planned for March 11-14, 1947.

Michigan Medical Service signed a contract with the Veteran's Administration to act as fiscal agent between the government and Michigan doctors who desire to render medical care to veterans. Michigan Medical Service adopted the Michigan Uniform Fee Schedules for Governmental Agencies for its payments.

The Council reorganized the Public Relations



Andrew S. Brunk, M.D.
MSMS President, 1944-45



R. S. Morrish, M.D.
MSMS President, 1945-46

Committee with four sub-committees: Special Committee on Radio, Committee on Development of Literature, Committee on Distribution of Literature, and the Committee on the Cinema.

A newspaper advertising program, with 12 different ads prepared by the Public Relations Committee, was launched in newspapers throughout the State, inserted by the county medical societies.

Scientific radio presentations were aired by the MSMS and the University of Michigan Department of Postgraduate Medicine every Thursday over WJR.

* * *

THE OFFICE of Veterans Affairs adopted the Uniform Fee Schedule for Governmental Agencies, as of May 13, 1946. A spokesman praised the work done by physicians and declared that home-town care of veterans took the pressure away from the Veterans Administration hospitals at Dearborn, where all veterans previously were required to go for treatment.

The Michigan Health Council was busy organizing local community health councils.

The Annual Session held in Detroit broke all registration records. The final registration numbered 2,866 persons.



Vernor M. Moore, M.D., Grand Rapids, who was chosen as MSMS President-Elect by the House of Delegates in September, 1944, but died unexpectedly, December 30, 1944.

First Rural Health Conference Sponsored

1946-47

If you look in this issue and turn to the page "Officers of the Society" you will find the name of "William A. Hyland, M.D., Grand Rapids, Treasurer." Before his election to the office of President he was active in the Society and he still continues to play an active role until this year—1964.

Truly, he is one of the stalwarts of the Society. Following are highlights of his year:

The first Annual Postgraduate Clinical Conference, featuring an all-Michigan program, was held in Detroit, March 12-14. The Conference was sponsored by the MSMS in cooperation with the Wayne County Medical Society, the University of Michigan Medical School, the Wayne University College of Medicine, and the Michigan Foundation for Medical and Health Education.

A "Committee on Awards" was named to formulate procedures and recommend policies which would permit the MSMS to properly honor those lay organizations and lay personages who, in the opinion of the Society, have contributed services of outstanding worth in the cause of health for the people of Michigan.

* * *

THE FIRST STATEWIDE Rural Health Conference was held at Michigan State College September 18-19, under the sponsorship of the Michigan State Medical Society with the cooperation of 25 other state organizations interested in rural health. The purpose of the conference was to explore the needs and problems of health in rural areas.

The Annual Session was held in Grand Rapids on September 23-26 with 2,110 registered. The House of Delegates authorized The Council to levy an assessment of \$25 per member for the continuation of the Educational Fund. The delegates also created two new sections—the Section on Public Health and Preventive Medicine and the Section on Nervous and Mental Disorders.

The 6th Annual TB Speaking Project sponsored by the Woman's Auxiliary continued to improve over previous years. This year, 60 schools from 40 counties sent in scripts for state judging. Last year 52 schools from 32 counties participated.

* * *

RHEUMATIC FEVER Diagnostic Centers have been established by the MSMS in ten areas covering the entire State. This unique program of aid to the doctor of medicine in diagnosing the number one killer of children was started by MSMS in cooperation with the Michigan Society for Crippled Children and Disabled Adults and Michigan Crippled Children Commission.

MSMS appointed a committee to study the medical and hospital facilities of Jackson Prison, along with representatives from the Michigan Hospital Association, and the Michigan Department of Health.

"Fifty-Year Pins" were presented to 99 members of the State Society who have practiced 50 years or longer.

The following bills were passed by the Michigan Legislature in 1947:

1. An act to implement the provisions of the Federal Hospital Survey and Construction Act, with a director appointed by the Governor.
2. A law to license and regulate vivisection.
3. A law to require immunization against diphtheria, whooping cough, and smallpox as a condition precedent to entrance to school.

The Council adopted the resolution that young physicians whose training was interrupted by military service are eligible for Associate Membership.

1947-48

It doesn't seem possible it was 14 years since "Pat" (P. L. Ledwidge, M.D.), as we lovingly called him, left us. I knew Pat all his medical life. He was beloved by his patients, and his confreres admired him as a gentleman and an excellent clinician. Besides this, he was one of the hardest workers for the

advancement of medicine in our Society. I would like to list a few of his activities before he became President. He served on The Council, was a Delegate for years, worked on the Michigan Handbook several times, was on the Advisory Committee to Government Agencies, Speaker of the House of Delegates, and finally, MSMS President. As you look over this resume of his year as President, you will find it was a very busy one.

* * *

HIGHLIGHTS OF THE ANNUAL Session of The Council were:

1. "Michigan's Foremost Family Physician Award" was created.
2. Dues of Military Members of MSMS in active service were remitted for the year 1948.
3. Dissolution of Trusteeship between MSMS and William A. Hyland which in 1940 closed out medical legal activities of the MSMS, was approved.
4. Immunization Month (February) endorsed.
5. The Council requested the Foundation to consider ways and means of raising, establishing, and administering a student loan fund to encourage young physicians to locate in rural areas.

The Council in September recommended to the Committee on Constitution and Bylaws that it create a Committee on Diabetes as part of the MSMS Committee on Preventive Medicine.



Wm. A. Hyland, M.D.
MSMS President, 1946-47



P. L. Ledwidge, M.D.
MSMS President, 1947-48

The Executive Committee in August approved the appointment of an MSMS Committee to meet with the representatives of the American Heart Association; it also approved the formation of a Michigan Heart Association with the hope that it may become an affiliate of the AHA.

* * *

"LUCKY JUNIOR," a new MSMS motion picture, was distributed to all Michigan theaters during September and October.

The Woman's Auxiliary completed a public relations brochure for officers and committee chairmen of all county auxiliaries and the State Auxiliary. The brochure outlined various projects which the Woman's Auxiliary is interested in carrying through, such as the promotion of Health Month, Immunization Month, the Nurse Recruitment program, loan funds for Medical Students, Medical Associates, and the Blue Cross-Blue Shield Community Enrollment Plan.

The Kellogg Foundation was given the Distinguished Health Service Award by the MSMS in March at the Second Annual Michigan Postgraduate Clinical Institute. Don E. Johnson, of Flint, a patron of education in cancer control, was presented with the health service award of the MSMS in Flint at the annual meeting of the Genesee County Medical Society.

* * *

DURING APRIL, a membership campaign was carried on in each of the 55 county medical societies. A total of 260 new members were certified.

A project to establish a Beaumont Memorial Shrine on Mackinac Island was considered. Tentative plans were that the Early House be rebuilt in its original form.

At its September Meeting, the House of Delegates adopted the following resolutions:

1. Creation of a Committee on Geriatrics.
2. Creation of Medical Library Service.
3. Formulation of the National Agency for Voluntary Health Plans.
4. Special Assessment (\$25) for 1949.
5. Creation of 17th and 18th Councilor Districts.

Honor U-M Medical School Centennial

1948-49

What a busy year Doctor Sladek had! I counted up my notes and there were 32 memos regarding the work of the Society for 1948-1949. We shall try to condense these:

The House of Delegates authorized the following:

1. That the income limits in the Michigan Medical Service policy be increased to \$5,000;
2. That the fee schedules be increased approximately 40 per cent;
3. That MMS provide that all hospital services of physicians, both medical and surgical, be included as benefits;
4. That MMS continue all the present forms of contracts affecting the \$2,500 income limits.

The MSMS Executive Committee, recognizing the need for an active Michigan Health Council, reaffirmed its contribution of \$7,500.

The Membership of the MSMS was 4,960.

* * *

IMMUNIZATION Month was observed in May, with cooperation between practitioners and health departments to the end that Michigan children be immunized against smallpox, diphtheria, whooping cough, and tetanus.

The Michigan State Medical Assistants Society requested the appointment of an Advisory Committee, which was authorized.

A "Public Speaker's School for Doctors" was held September 22, Grand Rapids, at the time of the MSMS Annual Session.

A Public Relations brochure "The Country Doctor Answers the Ewing Report" has been mailed to each president of a Rotary Club in the U. S. with uniformly favorable reaction.

* * *

MSMS RECEIVED signal recognition at the AMA Atlantic City meeting in the publishing of lists of organizations which oppose socialized medicine—Michigan has twice as many organizations listed in this category as any other state.

The Council in September had a preview of a new MSMS movie "To Your Health."

MSMS thanked the Michigan Heart Association for its contribution of \$32,515.72 and the Michigan Society for Crippled Children and Afflicted Adults for its contribution of \$6,000 for continuation of the Michigan Rheumatic Fever Control Program. The second Heart and Rheumatic Fever Day was authorized for March 11, 1950.

An analysis of the Fee Schedules for welfare patients was presented in December to the Executive Committee, which instructed that the information be forwarded to all county medical societies.

* * *

THE FIRST MICHIGAN Cancer Conference, sponsored by the MSMS, the Michigan Department of Health, and the Michigan Division of the American Cancer Society was held in Lansing on October 11, 1949. The focus was on providing facilities throughout the state for the early detection of the disease.

The public relations program of the MSMS was presented as a case history study in the weekly Public Relations News. This top PR trade magazine devotes a portion of each issue to explaining and analyzing public relations activities selecting each week an outstanding example from a particular professional business field.

* * *

MICHIGAN AND its medical profession was signally honored in the selection of a Detroit physician to head the American Academy of General Practice for the ensuing year. E. C. Texter, M.D., became president in March.

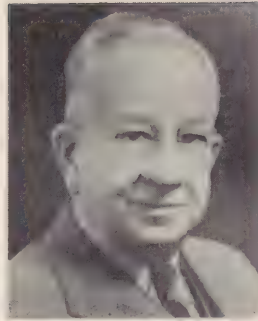
The year 1949 marked the 100th birthday of the Wayne County Medical Society, and a ceremony was held in Detroit, April 26.

Attendance at the 1949 Annual Session of the MSMS in Grand Rapids, September 21-23, was 2,329.

The Michigan Health Council drafted plans for the reorganization of this body to include approximately 70 interested organizations. One of the



E. F. SLADEK, M.D.
MSMS President 1948-49



W. E. BARSTOW, M.D.
MSMS President, 1949-50

first steps to be taken will be the hiring of a full-time executive secretary whose primary function will be to assist in the formation of community health councils.

And so ends another busy year for good medicine in Michigan.

1949-50

It always is almost impossible to single out any one event or action as most important of the year. Such a spotlight might be focused on a postgraduate medical seminar held in November in Detroit when color television was used for the first time at such a Michigan medical program. Under the auspices of the Wayne State University School of Medicine, a two-day program of medical and surgical procedures was telecast in color from Grace Hospital to the Masonic Temple.

In a new public relations venture, press conferences were held in the various councilor districts, with the first experimental meeting in Bay City.

* * *

A SCROLL COMMEMORATING the University of Michigan Medical School Centennial was presented to University officials in September during the MSMS Annual Session in Detroit.

As a means of offsetting a drop in the active membership due to hundreds of transfers in 1951 to military membership, the Executive Committee authorized an invitational membership drive by the MSMS and county medical societies and the reprinting of the leaflet "Benefits of Membership in Medical Societies."

The 1950 House of Delegates instructed that a special committee be set up to analyze the Basic Science Law, with the idea of amending it.

The Michigan Tumor Registry, sponsored by the Michigan Pathological Society and other organiza-

tions, officially opened on January 1, 1950, at the Detroit Cancer Center. The main objectives of the Registry was: (1) consultation service to pathologists, (2) educational, on a professional level for postgraduate study in pathology and on a lay level through statistical evaluation of the material as it applies to early diagnosis, as it applies to approved types of treatment, (3) clinical correlation to assist physicians to evaluate exact pertinent statistical data, (4) research to assist the Detroit Institute of Cancer Research in obtaining material on malignant diseases for study.

Michigan Industrial Health Day was something new on the medical postgraduate horizon. This continuation course in Industrial Medicine was held in Ann Arbor.

The Michigan Rapid Treatment Center at Ann Arbor was closed in June. This center was established six years ago for the rapid treatment of venereal diseases and has treated 13,000 cases.

* * *

THE GROWTH OF THE Michigan Health Council was reported with an expansion of the voting membership from 4 to 24 members, expansion of associate membership from 0 to 27 Community Health Councils and an increase in Michigan Rural Health Conference co-sponsors from 41-68 organizations in 1950. Among the members who joined the Michigan Health Council were the American Cancer Society-Michigan Division, W. K. Kellogg Foundation, Michigan Educational Association, Michigan Agricultural Conference, Michigan Farm Bureau, Michigan Foundation for Medical and Health Education, Inc., Michigan State Grange, Michigan Health Officers Association, Michigan Home Economics Association, Michigan Public Health Association, Michigan Rural Teachers Association, and the Michigan Tuberculosis Association.

A total of 3,044 were registered at the 85th Annual Session of the MSMS in Detroit, September 20-22, 1950.

* * *

AS THE YEARS go on it is interesting to note how the Michigan State Medical Society kept to the fore in giving to its members a well-rounded picture of the work done in the medical world. Not only does it tell the story, but it provides funds, gives Postgraduate Courses and in its two yearly meetings brings the membership up to date in medicine in all its branches.

Funds Contributed for Beaumont Memorial

1950-51

In doing the spade work for the history of MSMS, we sent letters to all the living Presidents. The answers were few. However, Past President C. E. Umphrey, M.D., Detroit, did write a letter which I think is worth printing. It gives his idea of his contribution as President of the MSMS for 1951.

"If I was of particular value to the MSMS, that value probably was directed toward our medico-economic and medico-legal problems. In most of my articles and president's messages these problems were ever uppermost in my thinking. If these articles and papers were collected in one book they would not depict a pleasant picture for a bureaucratic Washington.

My very best wishes,
C. E. UMPHREY, M.D.

As you read the rest of this year's story, you will see that he did an excellent job.

* * *

MSMS PRESENTED a scroll of appreciation to the Woman's Auxiliary on the occasion of its 25th anniversary in September, 1951 at the MSMS Annual Session. The various county auxiliaries had as their important projects, the sponsorship of Cancer Detection Centers, and assistance to Easter Seals for the Michigan Society for Crippled Children, Red Cross work and the Red Cross Blood Donor Program, Nurses Recruitment Program, Cerebral Palsy Clinics, public meetings on mental hygiene, and study groups for medical legislation and numerous other projects.

The State Auxiliary's projects then included Student Loan Fund, promotion of Hygeia Magazine, Collecting of Medical and Surgical Relief Supplies, promoting and sponsoring the Tuberculosis Speaking Project, promotion of Blue Cross-Blue Shield



C. E. Umphrey, M.D.
MSMS President, 1950-51



Otto O. Beck, M.D.
MSMS President, 1951-52

Voluntary Insurance Plans, and the promoting of the Medical Associates Program.

* * *

THE COUNCIL, at its mid-summer meeting talked to W. F. Doyle, Chairman of the Mackinac Island State Park Commission, and then decided to start immediate promotional work on architecture and contracting plans for the restoration of the Early House as a Beaumont Memorial on Mackinac Island.

Authorization for the purchase of 606 Townsend Street, Lansing, was given by The Council on July 5. Remodeling work on the first MSMS headquarters building began that fall.

The recommendations of Editor Wilfrid Haughey, M.D., were approved to provide special notation on the covers of all 1951 issues of the Journal to indicate the "Golden Anniversary of the Journal."

An invitational membership campaign was started at the Annual County Secretaries-Public Relations Conference. The Public Relations Department developed a brochure setting forth the benefits of membership in the AMA, The MSMS, and the component County Medical Societies.

The 1951 Annual Session in Grand Rapids fea-

tured the premiere on the new MSMS film "To Save Your Life."

* * *

THE HOUSE OF DELEGATES resolved that the Old American Fur Company store on Mackinac Island be restored as a memorial to William Beaumont, M.D. Contribution of \$10 from each member was encouraged.

The Michigan Rheumatic Fever Control Program was established (and has been continued under the major premise that the family physician is the central figure of the program). It is a highly specialized undertaking whereby both physician and patient understand the total problem of the disease: the care, education, rehabilitation, and job placement within the capabilities of the individual patient's heart.

Frank N. Wilson, M.D., Professor of Medicine at the University of Michigan, considered one of the nation's foremost exponents of the rational understanding of the electrocardiogram, received the Gold Heart Award of the American Heart Association in Atlantic City.

A long-range plan for cooperation with the adult education system of Michigan in the purveying of health information to the people participating in adult education classes was presented and approved in December.

1951-52

The MSMS plans to restore the Beaumont Memorial on Mackinac Island really moved forward in 1952 under Doctor Beck. In January, the Council, upon the recommendation of Finance Chairman W. S. Jones, M.D., transferred \$1,000 from a recent \$5,000 Parke Davis contribution to the Beaumont Memorial Trustee Fund to begin preliminary work. A County Secretaries-Public Relations Seminar in January heard an appeal for funds made by Doctor Beck.

A replica of the proposed building was shown at the Michigan Clinical Institute in Detroit; the exhibit manned by the Auxiliary and Medical Assistants Society.

Contributions by August had reached \$20,689, more than one-half of the goal of \$40,000. Major contributors during 1952 was the Genesee County Medical Society with \$1,864 raised by its members, and the \$500 gift from the Woman's Auxiliary to the Wayne County Medical Society.

A loyalty pledge of allegiance was given in April by members of the Executive Committee of The Council, as enrollees in the Civil Defense effort.

A contribution of \$600 to the Woman's Auxiliary for expenses of its Detroit convention in September, 1952 was authorized, together with a vote of commendation to the Woman's Auxiliary for its fine work and effort in the MSMS campaigns.

* * *

TEMPORARY ANNUAL licenses to Canadian graduates who are not citizens, as authorized by the Michigan State Board of Registration in Medicine at its June 12 meeting, was reported. This is

pursuant to amendments made by the 1952 Legislature to the Medical Practice Act.

The 1952 Michigan Legislature amended the Basic Science Act. Briefly, the amendments to the Act will permit the Basic Science Board to approve those applicants who have successfully passed the Basic Science examinations in practically any other state; interns and residents will be exempt from taking Basic Science examination; subjects, successfully passed, need not be taken again.

* * *

THE PROBLEM OF over-utilization of hospital services for non-emergency cases, especially patients having Blue Cross-Blue Shield contracts, was presented by Michigan Hospital Service Executive Vice President William S. McNary at the March Council meeting.

At the September session of The Council, President Beck offered a report on the 1951 survey of the hospital and medical facilities of the State Prison of Southern Michigan at Jackson. This re-survey (the first was made four years ago) indicated a great improvement in health facilities at the Jackson prison. The Committee recommended additional improvements in the service.

In June, The Council was concerned about the city-operated General Hospital of Bay City, which had always been staffed by doctors of medicine of Bay City and environs. On June 9, 1952, members of the Bay City Commission voted 5-4 to allow osteopaths to practice in the hospital. This action forced out the medical staff of 70 doctors since associated activities with cultists is considered unethical by the AMA. Within one week the number of patients at the hospital dwindled to 32 as doctors brought their patients to other hospitals in the area. On June 16, the City Commission reversed itself, again by a vote of 5-4.

* * *

THOUSANDS OF PERSONS not eligible for Blue Cross-Blue Shield through a group were able to obtain hospital and surgical coverage on an individual basis during a statewide enrollment period set July 1-25, 1952. This non-group, direct enrollment program, which provides many of the benefits of group enrollment, was initiated on a statewide basis last September, when 75,000 persons enrolled.

Support of the Rheumatic Fever Control Program of the MSMS has been one of the major contributions of the Michigan Heart Association ever since the MHA's inception in 1949. The program has been in existence since 1945, starting as an activity of the Preventive Medicine Committee (later, of the Rheumatic Fever Control Committee) of the MSMS and financed by the contributions from the Michigan Society for Crippled Children and Adults, Inc., (Easter Seals), and the Arthritis and Rheumatism Foundation, Michigan Chapter. From 1949 onward, the Michigan Heart Association has assumed the major share of support. The Rheumatic Fever Control Program of the MSMS in cooperation with its component county medical societies, continues to progress and develop. This

pioneering project remains the only rheumatic fever control program sponsored and organized by a state medical society on a statewide basis among all of the 48 states.

* * *

THE MICHIGAN FOUNDATION for Medical and Health Education co-sponsored the Michigan Rural Health Conference at University of Michigan. There were 94 co-sponsors including the University of Michigan and the Michigan Health Council. More than 15 County Medical Societies sent delegates.

Arch Walls, M.D., Detroit, Chairman of the MSMS Public Relations Committee, welcomed 191 registrants at the 1952 County Secretaries-Public Relations Conference held in Detroit, January 27, 1952.

MSMS at the 6th Annual Michigan Clinical In-

stitute presented a Certificate of Commendation to the Hillsdale County Medical Society for its pioneering effort in developing the Hillsdale Plan for Tumor Detection, a practical and effective plan for finding cancer in early and curable stages.

The Michigan Health Council Board of Directors acted in June to create the position of a fulltime field secretary. The Board felt that such a person is necessary to serve better the communities throughout the state having local health councils and to expand further the Michigan Health Council and Community Health Council activities.

"Homecoming" featured the 54th meeting of the Upper Peninsula Medical Society at Iron Mountain on June 27-28. All speakers were former Upper Peninsula men who had gone out into the world to gain success in their chosen field of medical practice.

Beaumont Memorial Dedicated

1952-53

Among the things of importance during the year 1953 was the following, which shows how Michigan is always working for the health of the community, viz.:

Developed originally by the MSMS in 1947, the Annual Michigan Rural Health Conference now is one of the outstanding meetings of its kind in the United States. The 6th Annual Conference, held this year at the Kellogg Center on January 16-17, had a registration of more than 400 persons.

The Council on January 30-31 in Detroit, heard a progress report on the Beaumont Memorial Restoration by Otto O. Beck, M.D. Approximately one-third of Michigan's doctors had contributed a total of \$27,113.90.

* * *

IDEAS ON PRACTICAL public relations were carried back to Michigan's component county medical societies by the 111 MSMS and Woman's Auxiliary members who attended the MSMS Public Relations Conference in Detroit on February 1.

Norman F. Miller, M.D., Ann Arbor, was recognized for his outstanding contributions to cancer

education and research at a luncheon sponsored by the MSMS Cancer Control Committee in Detroit on March 12.

The 1953 Michigan Clinical Institute in March had an attendance of 2,283.

The Ingham County Medical Society celebrated its Silver Anniversary.

* * *

THE CORNERSTONE of the Beaumont Memorial House was laid on July 17, with the dedication of the completed building set for July 17, 1954.

A special vote of thanks should go to all members of the House of Delegates for the time and thought they gave to the workings of our Society.

The 1953 House of Delegates authorized the publication of a pamphlet to outline the history and objectives of the Medical Assistants Society, and approved the establishment of courses for the education of medical assistants throughout the state.

* * *

THE ANNUAL SESSION in Grand Rapids drew 3,266. Among the "firsts" were the first General Practice Day, the first meeting of the Michigan Chapter, American College of Surgeons, and the first Beaumont Lecturer. The Biddle Lecturer was U. S. Senator Homer Ferguson.

The Council in September approved the recommendation of the Awards Committee that the MSMS create an award for outstanding reporting of medical progress, and presented the award to Jack Pickering of the *Detroit Times* for outstanding contributions to public understanding of medical and health progress.

A Medico-Legal Institute, under the sponsorship of the State Bar of Michigan, was held December 10-11 in Detroit. Doctors of Medicine, lawyers, professors, and teachers of legal medicine and law participated.



R. J. Hubbel, M.D.
President, 1952-53



L. W. Hull, M.D.
President, 1953-54

INVITATIONS during the year to become a member of the Advisory Committee to the Michigan State Traffic Safety Federation and also to become a member of the National Society for Medical Research were accepted.

A \$200,000 campaign for a Medical Library Fund was underway by the Alumni Association of the Wayne University College of Medicine.

With the guidance and advice of Mrs. William Mackersie, President of the Woman's Auxiliary to the MSMS, a Woman's Auxiliary to the Ontario Medical Association in the neighboring province of Canada was formed.

As usual, as one goes over the year's work, it shows that the Michigan State Medical Society is in the forefront for the health of our people.

1953-54

The other day I was talking to Dr. Harry Dibble, and I said to him, "Harry, have you seen 'Bud' Hull lately?"

"Didn't you know? Bud has retired and is living on one of those lakes out in Oakland County," replied Doctor Dibble.

We want to say Bud is a fine chap. I met him in World War I in France and have known him ever since. Bud, or "Buddy" as some of us called him, has retired to an earned rest. He was a real gentleman, an excellent surgeon in his specialty, beloved by all of us, and especially by his patients. Bud, we all hope you will have a wonderful time in your retirement. You can now do all those things you couldn't do as a busy man of urology.

* * *

THE HIGHLIGHT OF 1954 was the dedication of the Beaumont Memorial on Mackinac Island. The dedication ceremonies were on July 17, when MSMS officially presented the Memorial to the State of Michigan.

The July 17 event climaxed a decade of planning. It was Otto O. Beck, M.D., who, during his term as MSMS President in 1951-52, adopted the memorial as a major project. He then continued in 1952-53 as chairman of the Beaumont Memorial Restoration Fund campaign.

Doctor Beck, in a special article in the dedication program booklet, declared, "The Beaumont Memorial will be a beacon to remind the public that medical progress is rooted in the history of this state. Michigan Doctors of Medicine are privileged to honor this heritage. Let us make the most of this opportunity, and in doing so, we will honor our medical profession, the people of Michigan, the State of Michigan, and give the Beaumont Memorial the place it deserves among the medical shrines of the world."

* * *

IT WAS MSMS President Hull who formerly presented the memorial to the state, and it was ac-

cepted by W. F. Doyle, resident commissioner, Mackinac Island State Park Commission.

The 1954 Michigan Clinical Institute broke all attendance records with a total of 2,503 registrations. The *Detroit News* and two of its science reporters, along with five other Michigan newspapers, received special MSMS awards at the time of the 1955 Michigan Clinical Institute for their services in promoting better public understanding in the field of health.

* * *

THE MICHIGAN HEALTH Council, which was asked in 1953 to take over the MSMS placement program, reported in July that 47 doctors had been placed already.

President Hull presented to the Mid-Summer Session of The Council a gift from John Hopkins, D.D.S., of Detroit—Paul Revere's dental instrument—for display in the Beaumont Memorial. The Council adopted a motion recognizing the trends in the supervised training of practical nurses and their valued services to the public, urging that the extension of such a training program be encouraged.

Establishment of the Medical Examiner System was approved by the voters of St. Joseph County on August 3. Leading up to the election, a three-month educational campaign was carried on by the St. Joseph County Medical Society.

One of the resolutions of the 1954 House of Delegates dealt with civil defense. The delegates resolved that "this House of Delegates, realizing the urgency, direct constituent society to assume its responsibility and organize immediately a medical civil defense program in support of the State Plan."

* * *

RECOGNIZING THE PR opportunity with the opening of WPAG-TV in Ann Arbor, the Washtenaw County Medical Society, in cooperation with the MSMS, went on the air in November with one of the first regularly scheduled local programs over the new station. The MSMS provided motion pictures used on the weekly half-hour show entitled "Drama of Life."

A Group Health and Accident Insurance for members, approved by the 1953 MSMS House of Delegates and underwritten by the Provident Life and Accident Insurance Company, is effective now.

The Michigan Cancer Co-ordinating Committee got underway in 1954, with representation from the American Cancer Society, Michigan Division, the American Cancer Society, Southeastern Michigan Division, the Michigan Department of Health, the Michigan Health Officers Association, the Michigan State Dental Association, and the Michigan State Medical Society. The Cancer Co-ordinating Committee's program of integration, to eliminate duplication and to stimulate concentrated activity in cancer control, bodes well for the future joint effort of cancer works in the state.

Busy Years for Scientific, PR Activities

1954-55

One of the highlights of 1955 was when MSMS received the American Trade Association Executives "Grand Award" for all state associations in the United States for the MSMS Medical Associates Program.

Another highlight was the formal organization of the Michigan Foundation for Medical and Health Education to administer loan funds for medical students.

President Baker and Council Chairman William Bromme, M. D., were invited by the AMA Council on Medical Service to speak at a panel in Miami at the AMA Clinical Session, November 29, on implementation of the AMA Program concerning non-service connected disabilities.

A gift from the St. Louis Medical Society of Doctor Beaumont's bed was accepted and placed in the Beaumont Memorial on Mackinac Island.

Karl A. Menninger, M. D., of Topeka, Kansas, was the 1955 Biddle Lecturer.

The Michigan Clinical Institute attendance was 2,980, including 1,786 doctors of medicine.

A conference of Executive Secretaries of County Medical Societies was held at MSMS headquarters, February 15.

The membership for 1954 was 5,239.

* * *

TO FURTHER STIMULATE Medical Public Relations, a MSMS Public Relations Committee member was appointed within each Councilor District to aid the Councilor in promoting the adoption of a well-rounded PR program in the county medical society.

The MSMS Award for "Excellence for Medical Reporting" was given to the *Detroit Free Press*, with a special citation to writer, Jean Pearson, for her continuously high standard in covering Michigan news in the fields of health and medical progress. Other awards went to the *Grand Rapids*

Herald, the *Lansing State Journal*, and the *Muskegon Chronicle*.

The First Annual Student Night was inaugurated by the University of Michigan School of Medicine on May 12. The event included papers on various subjects in clinical and experimental medicine. The Annual Student Night was a new educational device in the training of undergraduate medical students.

As soon as the Salk vaccine was proven effective, a tremendous demand for it was created. The public felt that doctors were overcharging. The Michigan Legislature, when passing a bill to provide for the inoculation of indigents, proposed an amendment which would set the fee for the inoculation of indigents. In order to stop this, the MSMS Council set the fee at \$2. The Legislature, then was forced to drop its precedent-making amendment.

The Michigan Crippled Children Commission inaugurated a program covering children under the Michigan Afflicted Children Act who were afflicted with rheumatic fever. The medical doctors were paid \$3 by the Commission for each injection of bicillin, which was furnished by the Michigan Department of Health.

Michigan Medical Service, as of November 30, had 3,007,391 members. Michigan was first to reach the one-million mark, first to reach the two-million mark, and second to reach the three-million mark.

* * *

THE WOMAN'S AUXILIARY to the MSMS had a very successful year. For the first time, Michigan received a national award for being 100 per cent in the American Medical Education Foundation. Michigan also received a national award this year and a check for outstanding achievement in *Today's Health* subscriptions. The Woman's Auxiliary spent \$8,841 for nurse recruitment.



Robert H. Baker, M.D.
MSMS President, 1954-1955



W. S. Jones, M.D.
MSMS President, 1955-56

Twenty-seven counties gave either a loan or a scholarship to nurses.

The 90th Annual Session of the MSMS was held in Grand Rapids on September 28-30. One highlight of the Session was the presentation of the Third Annual Beaumont Memorial Lecture on September 30 by Garret W. Ault, M. D., Washington, D. C.

The Eighth Annual Michigan Rural Health Conference was held at the Kellogg Center on January 20-22, sponsored by the Michigan Foundation for Medical and Health Education and co-sponsored by more than 100 Michigan organizations interested in rural health improvement.

* * *

SO FAR EIGHT COUNTIES had taken advantage of the Medical Examiners law passed by the 1953 Legislature. According to information received by the MSMS, in 1953-54, voters in these counties had acted to replace coroners with M.D. Medical Examiners: Allegan, Hillsdale, Mecosta, Ottawa, St. Joseph, Van Buren, Wayne and Wexford. Oakland, Kent and Genesee counties already had set up the medical examiner system under special legislation adopted prior to the 1953 act.

The Michigan Association of Blood Banks was organized at a meeting at the headquarters of the MSMS in Lansing on June 19. Members of the Blood Bank Committee of the MSMS and of a similar committee of the Michigan Pathological Society met to prepare a constitution.

1955-56

We asked Doctor Jones what he considered to be his important contributions to the Society during his term of office. He rightly was proud of the development of the Health and Accident Insurance Plan for the members of MSMS.

Here follows a digest of the work of the Society and its Committees for 1956.

The 1955 House of Delegates voted to ask the AMA to appoint a special committee to study the prevention of highway accidents. The House also

recommended the principle of state subsidy of student driver training. The Delegates voted to rejuvenate the Committee on Fee Schedules for Governmental Agencies. Resolutions also provided for a special committee to confer with Michigan Medical Service and explored the possibility of a "comprehensive prepaid deductible or coinsurance contract."

The House voted to increase the dues by \$10 a year, with \$5 towards a new MSMS headquarters.

The Council approved a \$6,000 Income Limit Contract of Michigan Medical Service, and a schedule of fees as developed by the MSMS Committee on Fee Schedules for MMS.

* * *

MSMS PRESENTED a plaque to the Medical Exhibitors Association in Detroit, the first time MEA had been honored by any medical society.

Plans were completed to use an IBM electronic system for membership billings in 1957.

The Children's Bureau announced a special grant of \$55,000 to help the Michigan Crippled Children Commission treat child amputees from other states. "Michigan is believed to have had more experience in treating children with congenital or accidental amputation than any other state," the Bureau announced.

Michigan Blue Cross-Blue Shield held its 6th annual statewide non-group campaign in September. More than 175,000 persons enrolled under the non-group program in the five years it was offered. It was through this special program that Blue Cross-Shield was able to extend broad coverage on a direct enrollment basis to those who were unable to enroll through the regular employee, farm, or professional groups.

* * *

THE PRESIDENT OF the MSMS was authorized to send a letter of commendation to the Ford Foundation for its financial assistance to approximately 3,500 privately supported hospitals to help them improve and extend their services, to America's privately supported medical schools to help them strengthen their instruction facilities, and to 1,615 regionally equipped, privately supported liberal arts and science colleges and universities in the U. S. to help them raise teachers' salaries.

The 16th Annual Congress on Industrial Health was held in Detroit, sponsored by the Council on Industrial Health of the AMA, the Wayne County Medical Society, the MSMS, the Detroit Society for Surgery of Trauma, the Michigan Industrial Medicine Association, and the Detroit Industrial Physician's Club.

The Michigan Cancer-Coordinating Committee,

organized in 1953, justified its existence by stimulating cancer education, both professional and public, and by encouraging each of its component members to further endeavor in a coordinated non-overlapping program.

Michigan joined in the first nationwide observance of Medical Education Week, April 22-28. With cooperation from the Schools of Medicine of the University of Michigan and the Wayne State University, the MSMS Woman's Auxiliary, and county medical societies, the story of Medical Education Week was told via newspapers, radio, television, movies, and speaking appearances before community organizations.

MCI Telecasts, Seal of Assurance in the Spotlight

1956-57

Before I give the digest for the year's work, I would like to say something about my good friend, Doctor Arch Walls. If he had not appointed me to the Editorial Board of the Detroit Medical News while he was President of the Wayne County Medical Society, I would not be writing this piece. So to this big man physically, morally, mentally, and medically, I owe a great debt of gratitude. (Owing to ill health, Arch left Michigan and is now living at 225 East Idaho Street, Kalispell, Montana 59901. Why not send him a card, or drop him a note?)

During his presidency of the MSMS, he was especially active in "Operation Armor," an all-out effort to get at least 75 per cent of Michigan's residents immunized against polio and other diseases.

* * *

A SPECIAL SESSION of the House of Delegates was held on April 27, to take steps to strengthen Blue Cross-Blue Shield in the eyes of the public. The MSMS Executive Committee then followed through on a market opinion survey regarding the people's wants in medical prepayment. The Detroit News and the Detroit Times (total circulation 1,100,000) published the MSMS Survey questionnaire July 14.

The IBM tabulation of the returned questionnaires was completed by August 16. The report was to contain an analysis of (1) the survey of doctor opinion regarding Blue Shield policies and administration, (2) the survey of the wants of both the lay public and the medical profession, and (3) the collation of existing data on the medical insurance needs of the public.

The MSMS survey of health care revealed that (1) 81 per cent of the people of Michigan have some type of health insurance; (2) more than twice as many insured people are covered by Blue Shield in Michigan than by all other health insurance plans combined; (3) people want x-ray services, either in doctors' offices, or outpatient departments of hospitals, covered in their policies, and (4) the doctors

THE 1956 UPPER Peninsula Medical Society meeting in Sault Ste. Marie, June 22-23, chalked up a total attendance of 216. The Michigan Medical Assistants Society organized an Upper Peninsula Section, with 44 representatives in attendance.

A Distinguished Citizenship Award was awarded to Howard H. Cummings, M.D., by the Northern Tri-State Medical Association in Ann Arbor.

The fee for Michigan's annual narcotics drug license was raised to \$2 by the 1956 Legislature.

The 55th annual meeting of the American Proctological Society was held in Detroit, June 6-9.



Arch Walls, M.D.
MSMS President 1956-57



George W. Slagle, M.D.
MSMS President 1957-58

reported that a great majority of Blue Cross-Blue Shield subscribers did not understand their policies.

Chairman Otto O. Beck, M.D., reported that 450 MSMS members had contributed the sum of \$5,095 to underwrite a Beaumont Memorial deficit.

* * *

THE 1957 MICHIGAN Clinical Institute featured a color television broadcast of a live heart operation from the Grace Hospital in Detroit. Stacks of mail were received that week congratulating the sponsors. Out-state viewers also had an opportunity to see the local history-making event since a kinescope was made of the program for later showing. Sponsors of the kinescope were the MSMS, the Michigan Heart Association, and Smith, Kline, and French Laboratories of Philadelphia.

After nearly two years in the making, "Something Called Epilepsy," a new motion picture produced by the MSMS, was completed. The services of the Michigan Epilepsy Center were used in the filming, and the team approach to diagnosis advocated by the Center was effectively utilized in the story.

1957-58

1958 was another busy year with special emphasis on education for the doctors. Doctor George

Slagle's contributions to the Michigan State Medical Society for the year included: helping in developing plans for the new Headquarters Building, a survey of health needs of Michigan, development of Blue Shield M-75 program, and his originating of the idea of the Michigan Association of Professions, and the subsequent forming of MAP.

One of the features of the 1958 Michigan Clinical Institute was a public showing of "Blood Vessel Surgery" color live telecast to the public through one or more of Detroit's TV stations.

The peacetime uses of atomic energy as applied to community and individual health problems caught the attention of more than 300 persons who attended the 11th Annual Michigan Rural Health Conference at University of Michigan.

Thirteen new voting members, two associate members, and ten new chapters were welcomed into membership of the Michigan Health Council during 1958. The fourth edition of the Michigan Health Council Directory of Michigan Health Organizations was distributed. This revision—the first since 1955—contained detailed information regarding more than 115 Michigan health organizations.

* * *

A PROGRESS report on the Seal of Assurance plan indicated that about 40 per cent of the total MSMS membership already had enrolled in the Blue Shield contract. The Council adopted the following motion: "Where, in any area of the State, the percentage of returns in the Seal of Assurance is low, the Chairman of the Seal of Assurance Committee is authorized to arrange meetings of members of the MSMS in that area for the purpose of presenting information." The final report of the Seal of Assurance plan indicated that the percent-

age of MD's participating in the plan had reached a total of 68.8 per cent, as of August 18, 1958.

Special guests at the September meeting of The Council were Architects M. Yamasaki and W. R. Jarret who made a visual presentation of the preliminary plans for the new building.

The Woman's Auxiliary to the MSMS issued Vol. 1, No. 1, of an attractive "Auxilium" in December, 1957. This takes the place of the former Auxiliary News, which was published sporadically over several years.

The Kellogg Foundation granted \$324,760 to the University of Michigan to undertake a study of health care. Plans for the most comprehensive study of hospital and medical economics ever made in Michigan were announced by the Kellogg Foundation, the University of Michigan and the Governor's Study Commission on Prepaid Hospital and Medical Care Programs.

The Michigan Maternal Tissue Registry was established at the University of Michigan Medical Center Department of Pathology by the Maternal Health Committee of the MSMS in 1957.

* * *

COURSES FOR MEDICAL assistants opened in Jackson, Lansing, and Pontiac in mid-February in a new inservice training program now being developed by the University of Michigan Extension Service at the request of the Michigan State Medical Assistants Society.

Otto O. Beck, M.D., was elected president of the Beaumont Memorial Foundation at the second annual meeting of members. The Foundation, he said, had ten Life Members (\$100) and 300 Sustaining Members (\$5 per annum).

Construction of Headquarters Completed

1958-59

When asked about his contributions to the Michigan State Medical Society, Doctor Saltonstall said, "Many hours and many miles and sincere effort to do my best for the Michigan State Medical Society." And his year's work as President shows he did just that.

The major event in 1959, perhaps, was the groundbreaking ceremonies for the new MSMS headquarters in East Lansing on April 1. The first shovelful of earth was turned as members of The MSMS Council and the Woman's Auxiliary observed.

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THE CEREMONIES for the laying of the cornerstone were on September 27, attended by more than 150 doctors and their wives.

The Council in September voted to schedule the 1965 Centennial Session in Detroit because the first meeting had been held there.

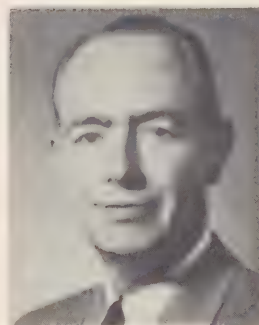
In June it was reported that the MSMS Group Life Plan had been approved by the State Insurance Commissioner and that a total of 907 members requested coverage.

MSMS approved the establishment of a Central Cancer Registry in Detroit.

As authorized by the 1958 House of Delegates MSMS established a committee to study alcoholism.

The Medical Care Insurance Committee recommended that MSMS approve a plan to provide medical and surgical protection for people over 65 with modest and low incomes. The plan would incorporate three major proposals: 1. That the MSMS (Blue Shield) offer its contracts for the first time to persons over 65; 2. That the contract subscription rates be based on fee charges by doctors which are about 30 per cent below the average fees in Michigan; 3. That all the present services offered by Blue Shield be retained, even though the medical care is more costly for older persons. This plan was approved and put into effect for MMS.

The doctors conducted a very elaborate survey



G. B. Saltonstall, M.D.
MSMS President,
1958-59



M. A. Darling, M.D.
MSMS President,
1959-60

of public opinion, and came up with the M-75 proposal for medical care MMS added diagnostic services, greater x-ray benefits, more treatments and surgery which will be paid for though the patient is not confined to a hospital. MMS also raised the income level for service benefits from \$5,000 to \$7,500.

* * *

MICHIGAN DOCTORS, in 1959, began paying an annual registration fee to the State Board of Registration in Medicine. Following recommendations of the 1957 House of Delegates, the Legislature set the yearly levy at \$5, reduced to \$30 the present \$50 charge made to new doctors taking their initial board examinations prior to entering practice, and eliminated the present registration of doctors with county clerks.

Twenty-two postgraduate courses designed to keep practitioners abreast of current medical developments were offered during the 1959-60 school year at the University of Michigan Medical Center.

One of the more important features of the 1959 MCI was the public showing of "Cataract Extraction," beamed from Detroit's Providence Hospital to the public through the facilities of WWJ-TV.

Jonas Salk, M.D., discoverer of the internationally

used Salk vaccine for poliomyelitis, was one of the guest speakers at the 1959 Michigan Clinical Institute.

* * *

THE MICHIGAN Association of Professions, incorporated as a non-profit organization, December 1, 1959, opened offices in Lansing. The membership in MAP an association specifically designed to serve, promote, and enhance the professions, is made up of persons engaged in the professions of architecture, dentistry, engineering, law and medicine.

A Michigan educational project, the first in-service training program ever developed for medical assistants, received praise at the second annual convention of the American Association of Medical Assistants. The local program is sponsored by the Michigan State Medical Assistants Society and the University of Michigan Extension Service.

Among the many events held in 1959 were Michigan Rural Health Conference, April 8-9; Wayne State University School of Medicine Clinic Day and Alumni Reunion, May 13; University of Michigan Medical School 7th Triennial Alumni Reunion, October 14-17; Upper Peninsula Medical Society Annual Meeting, June 19-20; County Society Executive Secretaries Conference, February 2; Genesee County Medical Society 14th Annual Cancer Day, April 22, and the Annual County Secretaries-Public Relations Seminar, January 31-February 1.

1959-60

Doctor Milton A. Darling, D.D.S., M.D., can be classified in my mind as a "Medical Leader, Statesman, and a True Follower of the Great Physician."

He was President of the Wayne County Medical Society before becoming President of the Michigan State Medical Society. He was genial and easy to approach with problems, never seemed to be in too great a hurry to answer a question and was always ready with encouragement for the younger physician.

The 1960 House of Delegates approved a five-year Presidents Program, as an all-out professional effort to culminate in September 1965 with the celebration of the 100th Anniversary of the MSMS. The goal of this campaign is to add good years to our life and to the extent of life itself.

* * *

WORK ON THE NEW MSMS headquarters in East Lansing continued during the early months of 1960 and the staff moved from 606 Townsend to 120 West Saginaw in April.

A special MSMS Workshop on the Care of the Aging was held in May for leaders in medicine, health, education, government, and civic service. The workshop had two objectives: (1) to share new information and experience in the area of aging,

and (2) to explore new ways in which the medical profession can participate more actively in the Regional and Michigan Conferences on Aging. Among the recommendations were: (1) cessation of compulsory retirement policies by industry and labor, (2) sharing by the state and the community of the cost of voluntary health insurance for those in need of assistance, and (3) increasing old age assistance programs.

The Council at its January meeting earmarked \$1 per member's dues for the year 1960 only to the Beaumont Memorial Foundation for the improvement and finishing of the Beaumont Memorial on Mackinac Island.

* * *

THE HOUSE OF Delegates in 1960 (1) approved a \$10 per year increase in the member's dues (to \$75) beginning in 1961; (2) recommended Council investigation of the possibility of forming a special loan fund to assist new doctors in establishing private practice; (3) reactivated the MSMS Cancer Control Committee, and (4) recommended that the Michigan Legislature establish a uniform healing arts registration and licensing act, and repeal the basic science law.

Michigan physicians were interested in the action of Wayne State University to adopt a new program for medical education called the 2-4-2 plan. This plan, which Wayne educators have spent five years planning and executing, involves the following: two years in the College of Liberal Arts for the completion of both liberal arts and pre-medical requirements. The next 4 years will be divided between the College of Liberal Arts and the School of Medicine. The final two years will be spent in clinical training at the School of Medicine and its affiliated hospitals.

The Michigan Health Council accepted the Michigan Cancer Foundation as a voting member. The Council now has a membership of 64 health and welfare agencies throughout the State of Michigan in approving, formulating, and developing programs of health and sociological benefit to the public.

Michigan was host for the AMA 15th annual National Conference on Rural Health in Grand Rapids.

* * *

MRS. W. G. MACKERSIE of Detroit was elected President of the Woman's Auxiliary to the AMA. She is the first lady from Michigan to gain this position.

The Woman's Auxiliary contributed \$4,000 toward furnishings and equipment in a conference room at the MSMS headquarters.

Editor Wilfrid Haughey, M.D., received a scroll awarded to the Journal for having the best covers of any state medical society journal. The award was made at the State Medical Journal Advertising Bureau Conference.

Presidents Program, McNerney Report in Headlines

1960-61

One of the chief events of 1961 was the dedication of the new headquarters building June 4 at East Lansing. Approximately 1,000 doctors and friends participated in the program and open house.

The newest development in the Beaumont lore was the presentation of a bas-relief plaque of William Beaumont, M.D., to the Beaumont Hospital by the Oakland County Medical Society. And thanks to the contributions of friends in Oakland County, a copy has been made for the Beaumont Memorial on Mackinac Island.

* * *

A HIGHLIGHT of the 1961 annual Michigan Health Council State Conference was the establishment of a "Michigan Hall of Fame in Health." Sidney E. Chapin, M.D., MHC President, announced the recipients of the first five "Hall of Fame in Health Awards." They were the late L. Fernald Foster, M.D., W. K. Kellogg, the late Frederick A. Collier, M.D., Thomas Francis, Jr., M.D., and William J. Norton. Doctor Foster was one of the founders of the Michigan Health Council and served as secretary of the MSMS for many years. Mr. Kellogg founded the W. K. Kellogg Foundation. Doctor Collier was recognized for his outstanding contributions in the specialty of surgery and Doctor Francis for his leadership in the field of epidemiology. Mr. Norton is nationally known for his services as president of the Children's Fund and his work in the de-

velopment of the United Community Services in Detroit.

On April 16, 1961, a special session of the House of Delegates was held in the Kellogg Center, East Lansing. The meeting was called to discuss implications of the federal bill which would provide health services to the aged through the Social Security system, and to develop and implement a necessary informational campaign to the public through MSMS members.

The American Society of Association Executives presented an award to William J. Burns, who was executive director of the MSMS. The plaque for the best executive of a statewide organization was awarded to Mr. Burns by a judging committee of university leaders.

* * *

"DECISION: The Moment of Truth" was the name of a new TV series sponsored by the Michigan Association of the Professions. It is telecast on Sunday mornings, to depict the activities of the member-professions of MAP.

The Presidents Program, approved by the 1960 House of Delegates, began to make scientific impacts on the medical profession, on other scientific societies affiliated with or ancillary to the Michigan State Medical Society, which were for the benefit of better health of the people. The impact of this five-year program is one that was felt gradually, with the effort culminating in 1965 coincident with the One Hundredth Anniversary of the founding of the Michigan State Medical Society.

No Michigan Clinical Institute was better received by the medical profession of Michigan and neighboring states than the 1961 refresher course held in Detroit in March. Attendance was 2,626 including 1,450 M.D.s (190 more M.D.s than at the 1960 MCI). Attendance at the closed circuit color television programs was eminently satisfactory to the MCI Committee and to Smith Kline & French Laboratories, the sponsors; also attendance at the 8:00 a.m. discussion groups was far greater than anticipated.

The University of Michigan's Study of Hospital and Medical Economics, including Blue Cross and Blue Shield (the McNerney Report), financially



Kenneth H. Johnson, M.D.
MSMS President
1960-61



Otto K. Engelke, M.D.
MSMS President
1961-62

sponsored by the Kellogg Foundation at a cost of \$380,000, was completed after more than three years' work. This subject was considered at every meeting of The Council during the year.

1961-62

The 1961 House of Delegates authorized a new Medical Socio-Economic Committee and Department. The new department was established with a trained socio-economist as research director, and with a prominent university socio-economist retained as a consultant.

The 1960 House had recommended the appointment of a Medical Care Study Committee to investigate this entire area of concern and the study committee presented a report to the 1961 House to consider. The 1961 House of Delegates took action in six areas: (1) that MSMS immediately establish a Medical Socio-Education Committee; (2) that all component medical societies and specialty organizations create similar committees; (3) that the MSMS Medical Society Economics Committee shall consist of a chairman and six members to serve for a term of three years; (4) that MSMS should secure an economist; (5) that an approximate budget of \$30,000 be approved for the first year of operation; and (6) that a \$5.00 increase in MSMS dues be approved to finance the project.

* * *

DURING THE YEAR The Council met eight times, and 912 items were considered. There is not room to give details as to the work of this important group. I salute the members for the time, energy and expense it cost them to leave their practice and work for the members of MSMS.

The MSMS members expressed their views on Social Security. Returns from the total membership of 6,775—5,520 members, 817 were usable. Tabulation of the results of the membership as a whole indicated a very high portion of the membership (better than eight out of ten) in favor of voluntary participation in Social Security and a big percentage (seven out of ten) voted against making it compulsory.

In March, the doctors were urged to use their influence against HR 4224 regarding compulsory health insurance.

THE BIDDLE LECTURE was given by John S. DeTar, M.D., Milan, whose topic was "The Doctor's Dilemma."

The Michigan Association of the Professions continues to provide opportunities for important relationships between the professions. The annual MAP Congress honored William M. LeFevre, M.D., Muskegon, the first MAP president.

For the first time, a short printed "Annual Report of the Michigan State Medical Society" was mailed to each MSMS member. (The Report accompanied the brief "Unofficial Proceedings of the 1961 House of Delegates.") Reports from members indicated that this new service was well received and highly appreciated.

The Council and the Ingham County Medical Society provided a "Medical Aid Station" for the Constitutional Convention in Lansing. The Con Con delegates adopted a resolution voicing appreciation.

* * *

AFTER LONG AND detailed study by members of The Council and the Medical Socio-Economics Committee, an official MSMS statement was presented February 3, 1962, to the Governor's Commission on Prepaid Hospital and Medical Care Plans. In the statement, MSMS stressed its position that "The United States has the best quality of medical care in the world; and, in our opinion, the best system for distributing that care." Answers were provided to various questions raised by the commission. Our statements included the following: (1) MSMS has taken the leadership to insure the highest possible medical care for the general public and that the doctor is the key person in the effective quality control methods in the hospitals; (2) proper utilization of medical facilities is a vital concern of the doctor, component societies and MSMS; (3) that the government agencies should reimburse all hospitals for the actual per diem costs as determined by quarterly Blue Cross audits; (4) MSMS, since the inception of Blue Shield, has supported the community rating principle for the benefits of the entire community; (5) that MSMS and the Michigan Health Council shall continue to work diligently for greater health manpower in Michigan; (6) MSMS believes that the Blue Shield Board should continue to have public representation—and that the board could not be improved by a change in composition; (7) MSMS has encouraged M.D. participation in Blue Shield but does not believe that coercion should be used to obtain participation; (8) MSMS does not agree with the suggestion that a permanent commission be established to watch progress on the Study recommendations.

Mr. Brenneman Chosen to Succeed Mr. Burns

1962-63

Doctor Clarence I. (Red) Owen has had a distinguished career as a pathologist, teacher and as Editor of the *Detroit Medical News*. He has been President of the Detroit Academy of Medicine and President of the Michigan State Medical Society. He has always been active in the advancement of medicine, and has been particularly interested in the postgraduate work of the MSMS.

Doctor Owen was installed by the 1962 House of Delegates. Meeting in Detroit, the Delegates acted on many matters, including:

- Established a committee of the House of Delegates to receive the Relative Value Study report and at its discretion conduct an opinion survey of MSMS members to obtain reaction on the report, using every possible means to get the RVS report thoroughly understood. The committee is to have such other functions as the Speaker may decide and to report to the House at its regular session of 1962.

- Directed the Speaker to appoint a committee of House members and members of The Council "to determine those relationships between osteopaths and medical physicians that require exploration and the methods whereby such exploration can most profitably be carried out for the public good," and to report recommendations of the 1962 session of the House.

- Established a committee of the House of Delegates to award "Certificates of Commendation" to one or several physicians annually, replacing the "Foremost Family Physician" award.

- Recommended fulfilling commitments to Michigan's present two schools of medicine and expansion of their facilities prior to establishing any new school.

- Urged all component medical societies to immediately create Medical Socio-Economic Committees to act as subcommittees of the MSMS Medical Socio-Economic Committee.



Clarence I. Owen, M.D.
MSMS President 1962-63



Orlen J. Johnson, M.D.
MSMS President 1963-64

NINETY-FOUR items were considered at the Annual Meeting of The Council January 25-26. One of the most important actions was: "The Council endorses the unanimous recommendation of the Legal Affairs Committee that the MSMS publicly support the proposed Michigan constitution." The Council also requested the chairmen of the Michigan Delegates to the AMA to use their influence to increase the representation of Michigan Doctors of Medicine in the councils and committees of the AMA.

There was a brilliant story in the January *Journal* of the life of Doctor Collier and his contributions to medicine and especially surgery. We hope all our readers will read this tribute to one of whom the author says, "Surgery has been considerably enriched by his career. Doctor Collier has accelerated beyond measure the advance of surgical science began in this country by William Stewart Halstead."

The May issue of *The Journal* was filled with a special series of articles about Geriatrics. The MSMS Geriatrics Committee offers scientific articles about the care of the aged in institutions.

* * *

ONE OF THE highlights of the year was the

100th Anniversary of Harper Hospital. Among the numerous activities was the medical symposium held at Wayne County Medical Society headquarters with national authorities in the field of medicine and surgery. The celebration ended on May 1 with a banquet of 1,500 friends of Harper Hospital at Cobo Hall.

The spotlight in May was also on the Grand Rapids Health Fair and the annual Michigan Health Council Conference.

Wilfrid Haughey, M.D., one of the founders of Michigan Medical Service and Editor of *The MSMS Journal* for many years died in July. The September *Journal* carried a well-deserved tribute.

Personally, I was interested in the August article entitled "The Medical History of Saginaw" by Edward F. Kickham, M.D., of Saginaw. It might be well if all county societies should use this paper as an example by which their own local society's activities should be set down for our medical history.

1963-64

The 1963 House of Delegates acted on many important matters in charting the course for 1963-64. Let me report only a few:

—Adopted a five-point guideline for emergency care in hospitals dealing with the responsibilities of the staff in connection with the emergency room, and directed that it be distributed to all hospital chiefs of staff and published in the *County Society Letter*. The standards for emergency departments in hospitals formulated by the American College of Surgeons is commended to all hospital medical staffs in Michigan,

—Urged all component societies of MSMS to encourage and participate in community activity to observe "Community Health Week," October 20-26, 1963, and pledged full MSMS support in cooperation with the Michigan Health Council and the Michigan Association of the Professions,

—Highly endorsed, and urged participation by all MSMS members in the "Operation Hometown" campaign to be conducted jointly by the American Medical Association and MSMS,

—Changed the Bylaws to permit active membership in MSMS and component societies by doctors of medicine who are engaged in academic or industrial teaching, research or administration,

—Adopted a "policy of professional respect for and cooperation with the Michigan Association of Osteopathic Physicians and Surgeons, Inc., in those areas of common responsibility and common interest where such cooperation can be of benefit to the people of the State of Michigan,"

—Resolved that the Relative Value Scale (RVS) be not implemented at this time by MMS, that it be restudied by the present RVS Study Committee, and that any revised scale be submitted to MMS "for monetary interpretation without implementation" and returned to the House of Delegates at a special, or the next regular session.

—The House presented a new automobile to William J. Burns, retiring executive director, who completed 29 years on January 1, 1964.

* * *

THE COUNCIL selected Hugh W. Brenneman, our PR Counsel, to become the new Executive Director as of January 1, 1964, and named Warren F. Tryloff as Associate Director.

The Council on November 30, 1963, authorized a contract with Cobo Hall for the Centennial Annual Session for MSMS in September, 1965.

Michigan Clinical Institute featured a panel discussion on "Medicine and Religion." (An interesting addition to the MSMS list of committees is the one entitled "Medicine and Religion.")

Attendance at the Michigan Clinical Institute surpassed recent years. The registration totaled 1,138. The total registrations of doctors, interns, residents, students, nurses and others totalled 2,295.

* * *

WAYNE STATE University began a series on Ethics and Jurisprudence, an important addition to our Postgraduate Course.

Thanks was given to MSMS for the operation of a First Aid Station for the Legislators.

I hope all our readers will read the opinions of Lester P. Dodd, Legal Counsel of the MSMS in the March, 1964, issue of *The Journal*. He explained the implications of delegate work. Very Important.

Plans were formulated for the proposed Michigan Health Fair in 1966. Contacts were started with the schools.

* * *

DOCTOR JOHNSON wrote some provocative President's Pages in *The Journal* including June, devoted to the topic "Quality of Medical Care." He ended his article by saying "Quantity should not replace quality or be the criterion of good medical practice."

A Mental Health Congress was held in Detroit on June 26.

July brought the first issue of MICHIGAN MEDICINE, the journal of the Michigan State Medical Society, as it is now called. The Council, the Publication Committee, the Scientific Editor, Charles J. Tupper, M.D., and especially the Managing Editor, Herbert A. Auer who has done a marvelous job of face lifting to *The Journal*. There are some 14 specific changes in *The Journal*, all adding to the readability.

Centennial Session Plans Make Year a Busy One



Oliver B.
McGillicuddy, M.D.
President, 1964-65

1964-65

Now it is time for Oliver B. McGillicuddy, M.D., to take over as President of the MSMS. His first President's Message in *MICHIGAN MEDICINE* was "The Election and the Doctor." A most sensible article. He ends up with the question, "Will you be satisfied with your contribution on the morning of November 4?"

The 1964 House of Delegates adopted many resolutions which:

- Urged all component societies to take every possible step to more fully implement the Kerr-Mills (MAA) Law at the local level.

- Reinstituted the annual award of "Michigan's Outstanding Physician" and directed that consideration be given to both professional and civic accomplishments.

- Directed that MSMS continue to work toward the ultimate goal of establishing in Michigan a single medical practice law.

- Strongly urged support of all doctors of medicine of both the Michigan Doctor Political Action Committee and AMPAC.

- Approved federal government subsidization of elderly individuals having limited

means in the private purchase of health insurance in the open market, with federally established minimum standards of financial responsibility and of benefits to be met by the involved insurance companies.

—Endorsed in principle the adoption of merit rating by Michigan Medical Service.

* * *

THE SECOND part of the December number gives a "Digest of Proceedings of the 1964 House of Delegates." It is only by reading this report that nondelegates can realize what their brother physicians acting as Delegates do for them. The amount of time, money and energy is tremendous that goes into being a Delegate, serving as President, or as Speaker of the House, serving as a member of The Council, etc.

The year 1964-65 has probably been one of the busiest years of our Society as we prepare to celebrate our 100th Anniversary in September in Detroit. Plans are being made to have a very fine program. The County Societies are all invited to share in this historical event by having, if possible, a story of their own medical history and of their founding. Our Associate MSMS Historian, William M. LeFevre, M.D., has written a booklet entitled "Medical History of Muskegon County." As we stated before, it would be a distinct service to the medical history of our state if each county society followed the example of Muskegon.

* * *

THROUGHOUT 1964-65, the new MSMS Medi-gram newsletter provided the latest news of what was happening in Washington, Lansing and elsewhere regarding medical matters. A special MSMS Legislative Conference was held in Lansing on state legislative issues facing MSMS. On the federal scene, MSMS worked hard to oppose the Medicare plan of the Johnson administration.

Hugh W. Brenneman, Executive Director, began an interesting monthly "Reporting as Ordered" in *MICHIGAN MEDICINE*. We congratulate him on what is being done to tell the members about the

work of the Michigan State Medical Society.

February, 1965, provided a sad note for me. Reading the morning paper of the 25th, I noted in the obituary column the death of our old friend, Louis J. Hirschman, who retired some years ago and lived in Traverse City.

Long years ago we were ambulance rivals. L. J. rode a fine underslung ambulance with rubber tires. I rode the Emergency Hospital Ambulance—an old grocery wagon with a top on it. It was painted black and had a big red cross on it. It had a loud gong and when we rattled over the cobble stone streets of old Detroit, it certainly made itself known. Racing to an accident, if there was only one patient, L. J. would always get the case with his beautiful ambulance. If there were more patients than he could take care of, we would get one. If not, we went meekly back to the hospital. On the way, a kid in the street might greet us with a

cry of "Slaughter House." Doctor Hirschman was president of Wayne County Medical Society and the Michigan State Medical Society, and he was also a vice president of the American Medical Association. L. J. was beloved by all of us, his fellow physicians and his patients alike. He wrote what I always considered the best composition of its type, "On Treatment of Rectal Diseases," which appeared in many editions. Another good friend has passed on to his reward.

* * *

THE MSMS Postgraduate Medical Education Committee expanded its teaching to 20 programs with several afternoon hospital clinic programs.

MSMS in the spring conducted an extensive Measles Vaccination Program, using billboards, newspapers, radio, television, bus cards, etc.

MSMS Presidents-For-A-Day

The MSMS House of Delegates on three occasions elected Michigan physicians to serve as "President-For-A-Day." Following are their photographs:



Wilfrid Haughey, M.D.
September 21, 1949
Battle Creek



R. L. Novy, M.D.
September 22, 1952
Detroit



L. Fernald Foster, M.D.
September 28, 1954
Detroit

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Editor
Claudia R. Skutar

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The Michigan State Medical Society Committee on Publications is the editorial board of *Michigan Medicine* and advises the editors in the conduct and policy of the magazine, subject to the policies of the MSMS Board of Directors.

Neither the editor nor the state medical society will accept responsibility for statements made or opinions expressed by any contributor in any article or feature published in the pages of the journal. The views expressed are those of the writer and not necessarily official positions of the society.

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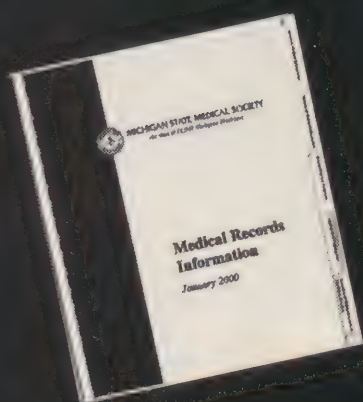
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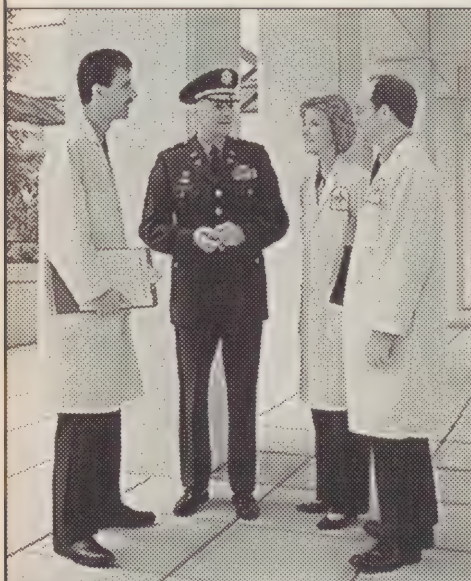
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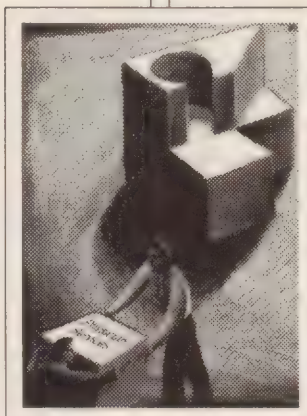


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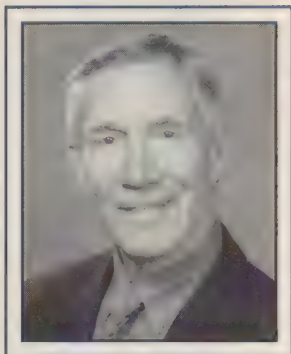
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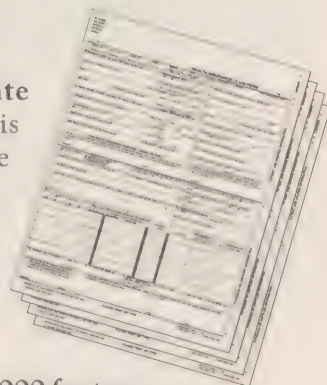
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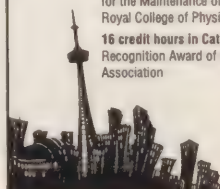
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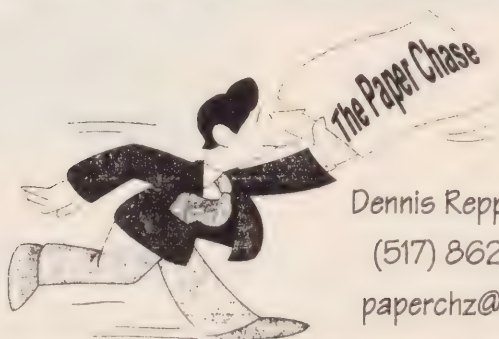
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President's Page *continued*

more study of diseases of the chest and abdomen. Curiously enough, he also was of the opinion that "the relation between mind and body should be added to the curriculum." This was well before the publication of Sigmund Freud's major works on dreams and neuroses. Most of the clinical topics presented at the conference related to the treatment of tuberculosis, which was claiming the lives of thousands.

By 1925, physicians were collecting and using health statistics to improve the nation's health. The MSMS Journal printed an article revealing that diabetes deaths in Michigan had increased from 14.2 per 100,000 population to 16.5 over the past decade. Another article presented diphtheria mortality rates in large cities. After World War II, with the advent of antibiotics and vaccines, the advances in medicine and science accelerated. New drugs and chemicals flooded the affluent U.S. market. By the 1950s, MSMS and its members had a sophisticated sense of

the physician as guardian of the public health and safety. MSMS had strong cooperative relationships with various health agencies. The Michigan Department of Health had a regular slot in the MSMS journal, reporting on such issues as the need for public health nurses and the effects of fluoridation on water supplies.

In the 1960s, as private and government health insurance programs were created, most Americans had access to high-quality health care. With these new programs, came a proliferation of health policies and legislation. Since that time, MSMS's primary role has been to monitor, shape, and influence health and medical policies that affect the profession and the quality of care.

Now as we begin the 21st century, medicine has entered a new age of complexity and challenges. Clinical and technical advances have improved the quality of medical care a hundred-fold. The public health is vastly improved, with many scourge diseases having been eradicated and the average life-span increased by nearly 30

years since MSMS was created.

Isn't it ironic, then, that physicians are still fighting the old battle for professional respect and integrity? Physicians are increasingly pulled away from practice to fight for professional survival and their patients' rights. Business entities regularly insist on making medical decisions rather than trusting qualified physicians to make them. In the name of cost containment, unqualified health care workers are becoming physician-substitutes and the fundamental physician-patient relationship is being placed at risk.

As physicians, our greatest challenge in the 21st century is to continue to use all of our power through MSMS to mold the best healthcare system into a better one: One that centers on superior patient care, one that is always improving, one that is always reaching new heights, unhindered by reimbursement structures and bureaucratic dictate. Only then can we ensure that medical progress over the next century "knows no resting places and no plateaus."

The Privilege of Making History

Billy Ben Baumann, MD

MSMS President



"History knows no resting places and no plateaus."

— Henry Kissinger, former White House Advisor

As the first MSMS President to take office in the new millennium, I am irresistibly drawn to our profession's rich history. For many decades past, we've used the year 2000 to represent the distant future. Now that it's here, there seems to be some unwritten obligation to take inventory, to take stock, and to review our progress of the last century (or more) to realize how far we've come both as a profession and as a professional association.

Henry Kissinger's incisive comment about history, that it knows no resting places and no plateaus, certainly applies to medicine and its rapid development. As practicing physicians, we have the privilege of making history, raising the bar on ourselves nearly every day: never resting on our laurels. Our professional history continues to be a triumph of better methods and technology, resulting in the overall improvement in the quality and longevity of life.

The Michigan State Medical Society, since its founding in 1866, has been a forum, a catalyst, and a focus for improving the practice of medicine. It's role has variously led and followed the evolution of the profession. In the mid-1800s, when medicine was in its relative infancy, MSMS members fought for medical education standards, proper university training, and professionalism. Edging into the 20th century, when medicine was in its adolescence, MSMS members were concerned with public health issues, disease control, collecting health statistics,

and continuing to improve clinical methods. As medicine matured, MSMS became an influential architect of health and medical policy. MSMS continues to enable each individual physician to have an influence on the destiny of medical care.

A look back into history gives some insights into the vast changes the profession has undergone in two hundred years. In the first half of the 19th century, medicine struggled for professional respect. There were few medical schools and few educational standards. MSMS was created in 1866 as a forum to discuss techniques and findings and to develop medicine into what many thought it should be: a legitimate profession.

By this time, physicians were making progress. The President of MSMS declared "that within the last quarter of a century medicine has been revolutionized. Medicine has emerged from the domain of occult arts, has thrown off the trappings and paraphernalia of an ignoble mysticism, has substituted the calm philosophic student for the loud-voiced quack, and now the profession has become intrinsically more respectable."

Medical schools were teaching anatomy and physiology, which were becoming accepted as legitimate sciences. Physicians were proposing the collection of health statistics such as recording births, marriages, causes of death, the prevalence of diseases, and average life span. They also proposed medical school standards because physicians weren't required to graduate from medical school and many did not. The

MSMS President declared, "We must have systems, classifications, tabulations and exact and comprehensive methods."

By 1880, physicians in Michigan were required to register their professional standing in the county in which they practiced. MSMS had collected statistics on those who practiced medicine in Michigan. There were 3,285 practitioners in the state. Of those, 1,981 were "regular" physicians, meaning they had attended medical school. A majority of these had graduated from medical school, but 16 percent reportedly had not. Also practicing medicine were 1,285 "irregular" doctors. Medical training for this bunch was spotty at best. Of this group, 490 called themselves "homeopaths" and 366 were self-proclaimed "eclectics."

Physicians were honing their clinical skills, becoming men (yes, almost exclusively men) of science. Some of the clinical topics of the day were Operation on the Thyroid Gland, Clinical Notes on Pneumonia, Treatment at Birth of Congenital Club Foot, Laryngeal Phthisis, and Turpentine in Diphtheria.

In 1900, treating tuberculosis and improving medical training were dominant themes. MSMS's annual meeting in 1900 was held in the splendor of Mackinac Island at the Grand Hotel, which was nearly brand new. MSMS President A.W. Alvord, MD, of Battle Creek, asserted that "more attention should be paid to anatomy" and "students should be required to dissect every part at least twice." He called for

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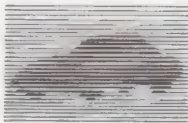
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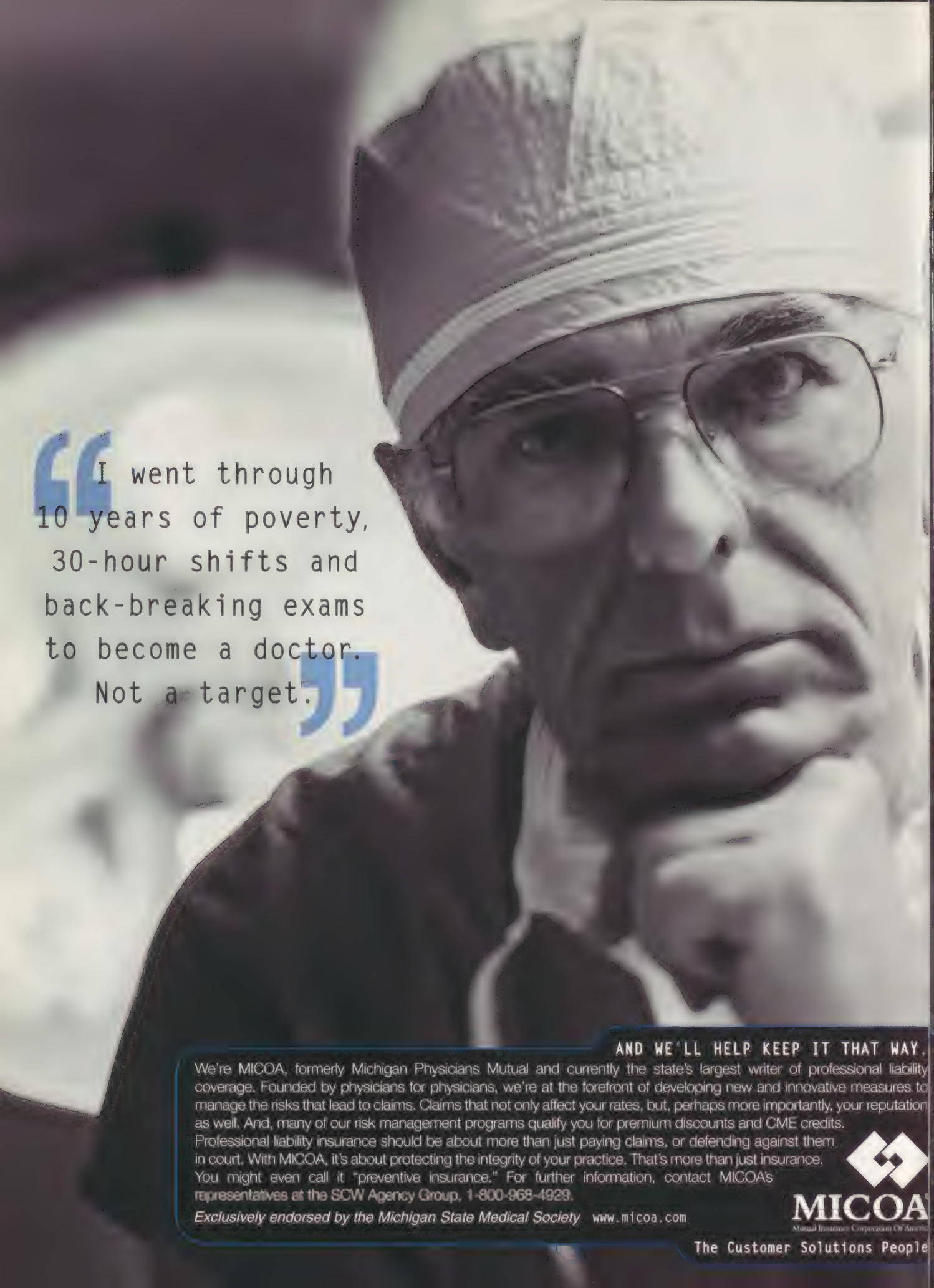


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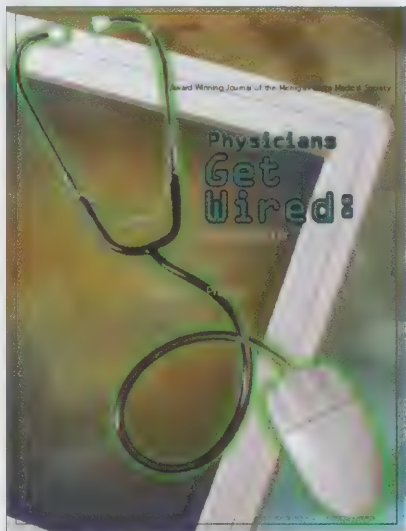
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Michigan Medicine, the official journal of the Michigan State Medical Society, is dedicated to providing useful information to Michigan physicians about actions of the Michigan State Medical Society and contemporary issues, with special emphasis on socio-economics, legislation and news about medicine in Michigan.

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Judgment Avoidance Through Bankruptcy

By Richard D. Weber, JD
MSMS Legal Counsel



Question: A few years ago I elected to go bare and avoid the high cost of malpractice insurance. One of the reasons I elected this cost savings alternative was that I understand that a malpractice judgment can be canceled if I file for bankruptcy. Is this true?

Answer: Reliance upon the bankruptcy laws to avoid a malpractice judgment is a mistake. Aside from subjecting assets and your practice to creditor claims, several courts, including the United States Sixth Circuit Court of Appeals which establishes binding precedent in Michigan, have interpreted the statute as permitting a bankruptcy court to dismiss a petition when it finds that the petition was not filed in "good faith." A recent decision was rendered by the federal district court in Michigan applying this rule.

A physician who makes over \$29,000 per month admitted that he filed for bankruptcy to avoid paying a large medical malpractice judgment. In that case, the bankruptcy court dismissed the petition based upon the debtor's bad faith. The debtor, a surgeon, elected not to carry malpractice insurance. Following suit, a jury awarded the plaintiffs \$250,000. When the plaintiffs attempted to collect, the debtor filed for bankruptcy under Chapter 7.

The debtor's only unsecured creditors were the medical malpractice plaintiffs. The creditors moved to dismiss the bankruptcy petition. The bankruptcy court found that the bankruptcy petition did not meet the

good faith filing requirements and the debtor appealed to the district court.

The federal district court determined that the good faith filing requirement is a judicial construction based upon an interpretation of the bankruptcy code and general equity principles of bankruptcy law. The statute permits a bankruptcy court, after notice and hearing, to dismiss a case for cause, "including" unreasonable delay by the debtor that is prejudicial to creditors, nonpayment of fees or charges required under the statute and failure of the debtor to file the required information with the court. The court held that, while a statute does not mention good faith as a basis to dismiss the petition for cause, the statute's use of the word "including," indicates that the list is nonexclusive. Based upon decisions of the Sixth Circuit Court of Appeals, the court held that the statute permits the bankruptcy court to dismiss the petition when it finds that the petition was not filed in good faith.

Multiple factors have been used to determine whether a petition is filed in good faith. The bankruptcy court examined those factors and concluded that good faith was lack-

ing, according to the federal district court. The federal district court determined that the bankruptcy court decision was based upon the following factors: (1) the debtor decided not to carry medical malpractice insurance because it was too expensive; (2) the debtor has a monthly gross income of \$29,500; (3) the debtor has only one major unpaid creditor and has paid and continues to pay all other creditors; (4) the debtor has made no changes to his lifestyle that might show a willingness to sacrifice in order to fulfill his credit obligations; (5) the debtor filed in response to the judgment against him and has no intent to pay the judgment creditors; and (6) the debtor has employed a deliberate and persistent pattern of evading the judgment creditors. These facts, according to the federal district court, were deemed sufficient to justify a finding that the debtor lacked good faith in filing for bankruptcy.

The court stated that the goal in bankruptcy is "to provide an honest debtor with a fresh start and to provide for an equitable distribution to creditors." In this case, "the facts support the bankruptcy court's determination that that appellant is not looking for a fresh start, but rather is attempting to gain a head start." The court then concluded that the bankruptcy court properly dismissed debtor's bankruptcy petition. ■

The author is senior partner at Kerr, Russell, and Weber, Detroit.

Editor's note: If you have legal questions you would like answered by MSMS legal counsel in this column, send them to Claudia Skutar, *Michigan Medicine* editor, MSMS, 120 W. Saginaw, East Lansing, MI 48823, or at cskutar@msms.org.

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MSMS Identifies Top Candidates for Michigan Supreme Court

By Gregory Brusstar

In the Michigan Supreme Court races this year, three excellent judicially-conservative candidates have been identified by MSMS, and they will be the focus of physician grassroots activity and fundraising efforts.

The justices, all incumbents, are Stephen Markman, Clifford W. Taylor, and Robert P. Young, Jr.

Justice Markman is running to complete the remaining four years of Justice Brickley's term, Justice Young is running for one year left in Justice Mallett's term, and Justice Taylor is running for a full 8-year term.

"To preserve tort reforms that we fought hard for in the past, judicial conservatism is an important characteristic in the candidates we endorse," said MDPAC Chair Inad Haddad, MD. "State Supreme Court races tend to be low key but are very important from the perspective of practicing physicians."

These candidates will be nominated at the state's Republican Convention in August.

Physicians will have several opportunities this fall to support the campaigns of Justices Markman, Taylor, and Young by attending fundraisers. Dates and locations of the fundraisers will be announced. For more information about participating in or

contributing to the state Supreme Court elections, please contact Matt Hedberg at MSMS (e-mail address: mhedberg@msms.org).

Following is a biographical sketch of each candidate.

Justice Stephen Markman

Recently, Justice Stephen Markman was appointed by Gov. John Engler to the Michigan Supreme Court. Previously, he served as a Michigan Court of Appeals judge, having been

elected without opposition in 1996 and 1998. Before that, Justice Markman practiced law in the Detroit law firm Miller, Canfield, Paddock & Stone. From 1989 to 1993, he served as United States attorney in Michigan after being nominated to that position

by President George Bush. As United States attorney, he was responsible for one of the largest federal prosecutor's offices in the country. He received national attention for his efforts in combating violent street crime and public corruption.

Justice Markman also served for four years as assistant attorney general of the United States after being nominated by President Ronald Reagan. In that position, he directed the Justice Department's Office of Legal Policy, which served as the principal policy development office and coordinated the federal justice selection process. Prior to that, he served as chief counsel of the United States Senate Subcommittee on the Constitution and as deputy chief counsel of the United States Senate Judiciary Committee for seven years.

Justice Markman teaches constitutional law at Hillsdale College. He has traveled to the Ukraine on two occasions, on behalf of the State Department and the American Bar Association, to provide assistance in the development of that nation's new constitution.

After his appointment to the Michigan Supreme Court, the Detroit Free Press described Justice Markman's appointment as bringing to the bench "a strong legal background and an excellent reputation for integrity and judicial scholarship. Markman gives [the court] intellectual honesty and a willingness to judge cases on their facts." The Detroit News described Justice Markman's record as one of "integrity and intellectual achievement" and called the appointment a "choice for excellence."



Justice Markman



Justice Clifford W. Taylor

In 1997, Justice Clifford W. Taylor was appointed to the Michigan Supreme Court. Prior to his appointment, Justice Taylor was a partner in a Lansing litigation law

firm where he worked for 20 years, receiving the highest rankings from lawyer-rating groups. In 1992, Gov. Engler appointed Justice Taylor to the Court of Appeals. Justice Taylor graduated from the University of Michigan in 1964 and received his law degree from George Washington University in 1967.

On the Court of Appeals, Justice Taylor quickly became the leader in the judicial conservative movement, redirecting the court's judicial philosophy. Justice Taylor's appointment to the state Supreme Court was enthusiastically received by the bench, the bar, and the media. In an evaluation of the state Supreme Court judges, conducted by Prof. Stephen Safranek of the University of Detroit Law School, Justice Taylor was found to be the most published writer of decisions on the court and among the least reversed when appealed to the state Supreme Court.

In 1998, when Justice Taylor ran for election to the court, he was endorsed by 15 out of 16 of the state's endorsing newspapers. The Detroit News described him as "thoughtful" and "highly regarded by his colleagues." The *Grand Rapids Press* wrote that he was a "productive, intellectual leader on the high court." The *Oakland Press* called him "one of the most learned and thoughtful justices who has served in recent decades."

Justice Taylor is the co-author of a new two-volume book titled *Torts* from West Publishing. This book has been well received as a scholarly and useful work for attorneys and is the first

book written by a sitting justice of the Michigan Supreme Court for more than a hundred years.

Justice Robert P. Young, Jr.

In 1998, Justice Robert P. Young, Jr., was appointed to the Michigan Supreme Court. Gov. Engler had appointed Justice Young three years earlier to the Michigan Court of Appeals. Justice Young was then elected to a full term on the Court of Appeals in 1996. He is the fourth African American to serve on Michigan's high court and the third to serve on the Court of Appeals.

Justice Young graduated cum laude from Harvard College in 1974 and from Harvard Law School in 1977.

In 1978, he joined the Detroit law firm of Dickerson, Wright, Moon, Van Dusen & Freeman, becoming a partner in 1982. From 1992 until his appointment to the Court of Appeals, Justice Young served as the vice president, corporate secretary, and general counsel of AAA Michigan.

Justice Young has been involved in many civic and charitable activities during his career. He has served as member of the Advisory Board of the United Community Services of Metropolitan Detroit and a trustee of the Grosse Pointe Academy. Justice Young is most proud of his service as a trustee of charitable and civic organizations devoted to the interest of children such as the Detroit Institute of Children, Vista Maria, and the Governor's Task Force on Children's Justice Concerning Child Abuse and Neglect. He is also a former commissioner of the Michigan Civil Service Commission, a former trustee of Central Michigan University, and a former trustee of the Greater Detroit Chamber of Commerce Leadership Detroit program. ■

The author is an Okemos-based freelance writer.



Justice Young

Women Physicians are in Focus

September is Women in Medicine Month

By Jennifer Higgins

The number of women in medicine continues to be on the rise. In fact, 16 percent of the Michigan State Medical Society membership is made up of female physicians. Two groups within MSMS provide forums for women physicians.

MSMS Committee on Concerns of Women Physicians

"It is our goal to recruit as many women physicians as possible to become involved in committees and leadership positions throughout MSMS and in medicine in general," said Kalyani Misra, MD, chairperson of the MSMS Committee on Concerns of Women Physicians. "If women want their issues to be heard, they have to be involved in the process."

To promote its efforts, the committee hosts two main programs a year. First, each spring a reception is held for female physicians and legislators to exchange and discuss matters of importance to women. Additionally, it provides female residents and students with an opportunity to network with other physicians and learn about issues of concern to women in medicine.

Secondly, the committee, together with the Michigan Psychoanalytic Society, sponsors a half-day course at the Annual Scientific Meeting on topics tailored around women's health issues.

New this year, the committee is requesting that the women physicians of MSMS submit accounts of experiences they have had that are unique to being a woman in medicine. The submissions will be published in a booklet for distribution. Submissions are due to Sherry Barnhart, MSMS Director of Human Resources, sbarnhart@msms.org, by September 1.

MSMS Women's Caucus

"The Women's Caucus is a useful place to

exchange political ideas and concerns, and to formulate plans," commented Marguerite R. Shearer, MD, immediate past chairperson of the MSMS Women's Caucus. "As legislative activities increasingly encroach on the practice of medicine,

organized medicine must heighten its awareness of these activities and their vigilance. The elected leaders and staff of MSMS have crucial roles in this process and women physicians need to have their voices heard and their concerns acted upon."

The caucus, which was formed five years ago, meets two times a year at the Annual Scientific Meeting and at the House of Delegates.

"Through the Women's Caucus, we not only discuss ideas and concerns, but also hopes and dreams. It exposes members to women leaders in organized medicine, and that's important," said Evangeline J. Spindler, MD, chair of the MSMS Women's Caucus.

**Interested in
becoming involved
in women
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Physician Turned Explorer

Dorothy M. Kahkonen, MD, Discovers the Uninhabited Continent of Antarctica

For many, the millennium meant stocking up on supplies in case of power outages and making sure computer systems were Y2K ready. Not so for Dorothy M. Kahkonen, MD, division head of Endocrinology at Henry Ford Health System and MSMS Speaker of the House of Delegates. She chose to ring in the millennium by spending five days exploring our world's coldest, windiest, highest, and driest continent: Antarctica.

In January, Doctor Kahkonen boarded a ship in Ushuaia, Argentina and sailed 36 hours across the Drake Passage between the Atlantic and Pacific oceans to view the wonders of Antarctica. The 800-person ship was limited to 400 passengers due to an international policy that minimizes the impact or disturbance to wildlife and fragile habitats on Antarctica; and because there is no place on the continent to dispose of garbage, requiring that the ship have capacity to take back all that is brought over.

"Many times our expectations are greater than reality. This trip absolutely exceeded my expectations. The most amazing thing to me about Antarctica is the vastness of this continent," said Doctor Kahkonen. "There are miles and miles of white and no people. In fact, the only other human life we saw were two or three people posted at a British and a Chilean outpost. It was incredible." She also marveled at the variety of birds, and the whales and penguins on and around Antarctica.

Another extraordinary experience for Doctor Kahkonen was swimming in the Antarctic's thermal waters off of an inactive volcano. "Swimming in an inactive volcano is something I'm sure I won't have a chance to do again anytime soon," she said.

As far as future explorations, "I have some



Dorothy M. Kahkonen, MD, MSMS House of Delegates speaker, stands on the deck of the Marco Polo while traveling through Antarctica's Lemaire Channel.

interest in The Galapagos Islands, but it's a bit more creepy-crawly. I'm also interested in seeing Antarctica again from the New Zealand side," she commented. ■

The author is a Grand Rapids-based freelance writer.

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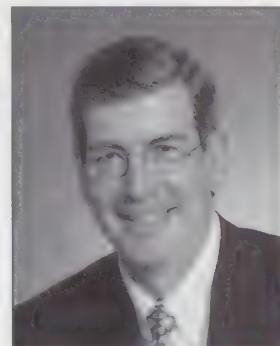
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Medical School Dean Lichter is UM Innovator

By Andrea L. Rybicki



When Allen S. Lichter, MD, joined the faculty of the University of Michigan Medical School, and later became dean, he was, in a way, returning to his roots. In the late 1960s and early 1970s, he was a student there, learning from the renowned curriculum that made the school an innovator among medical schools.

Dean Lichter knows about innovation. As a radiation oncologist, he was the director of Radiation Therapy at the National Institutes of Health's National Cancer Institute. Among his most significant medical accomplishments was helping patients beat cancer with little sacrifice of healthy tissue. While at the NCI, he completed one of the early trials on lumpectomy versus mastectomy that confirmed and lent credence to the idea that a patient with cancer doesn't have to lose her breast to survive. After returning to the University of Michigan, he created one of the first clinically useful

systems for directing radiation using three-dimensional imaging, a process that exposes the smallest area possible to radiation.

"We were an academic medical school before most medical schools had achieved that stature," Dean Lichter said. Ongoing innovation makes the school unique. In 1869, UM opened the first university-owned teaching hospital in the country, giving as-

piring doctors a place to interact with patients, and that contact became an integral part of modern medical education.

"I think that the University of Michigan Medical School has had a strong, positive influence on the practice of medicine in Michigan. A large number of the graduates practice in this state and maintain a connection with the university for continuing education and as a resource for patient consultation and care," said Kenneth H. Musson, MD, MSMS president-elect and University of Michigan Medical School alumnus.

Even though the school enjoys eminent stature in the medical community, it will not rest on its laurels under Dean Lichter's direction. He knows well the accomplishments of the school in the past even as he plans ways to enhance the school in the future. "I have the utmost confidence that Doctor Lichter will provide the vision and leadership to carry the medical school on to even greater prominence during his term of office. He is one of the most competent and respected physicians that I have known," said Doctor Musson.

This year, the University of Michigan Medical School celebrates the fact that it has been training medical students for 150 years. As they celebrate their past, they also look ahead, planning ways to maintain the standard of excellence that has become the school's trademark. "Part of the excitement of running a medical

Celebrating 150 Years

This October, the year-long celebration of the University of Michigan Medical School's Sesquicentennial will culminate with a black-tie gala held at Crisler Arena. University Hospital, the first university-owned teaching hospital, was established in 1869 to enhance the learning experience. The hospital, along with the groundbreaking curriculum developed there, was used as a model for modern medical education throughout the country. Over 18,000 medical doctors have been trained at UM Medical School, and the school's commitment to innovation in research, education, and clinical care is world-renowned.

school is that there is a constant reexamination to find out if what we're teaching is relevant," Dean Lichter said. This is a challenge, he acknowledges, because there simply isn't enough time to teach everything.

Medicine is constantly changing and Dean Lichter has a handle on how medical school education can change with it. The dean expressed his views on the future of medical education by stating, "It's clearly going to change in dramatic ways. The setting is changing as we speak." For instance, the school is preparing students for a future where the hospital will move to the backburner in favor of outpatient clinics, which are becoming more popular with patients.

Another change in modern medicine that Dean Lichter will address is the challenge of outside financial pressures. Students traditionally are trained to follow every possible avenue to gather information on a patient's health. As health plans create economic pressure to run fewer tests and spend less money, Dean Lichter stresses to students the need to find a comfortable balance, complying with health plan requests while still performing responsibly on behalf of patients.

The pressure of this state's Medicaid crisis has affected the way the medical school cares for patients. "We have a moral and ethical obligation to treat Medicaid patients. We will continue to do so for as long as I can imagine us being here. On the other hand, we lose money taking care of the Medicaid population," said Dean Lichter. The medical school shares the Medicaid struggle with the rest of the medical community.

In fact, the medical school community and the rest of the medical community seem to be sharing more and more. "I think there have been profound changes for the better. There used to be more of a split, but the split has grown narrower and narrower over time," said Dean Lichter. Students and faculty of the University

Notable innovations by faculty at the University of Michigan Medical School

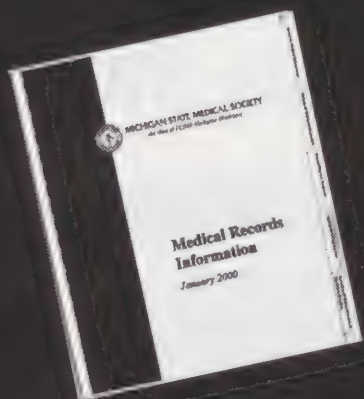
- Part of a multi-center team that discovered the location of the first gene partially responsible for predisposition to prostate cancer.
- Pioneered the emergency use of angioplasty to help prevent heart attacks.
- Developed advances in transillumination, the technique of passing light through a newborn's body to reveal and diagnose internal disorders.
- Developed several unique treatments for malignant brain tumors.
- Performed the world's first brain-tissue graft, to control symptoms of Parkinson's disease.
- Performed the first successful lung removal.
- Created the first human genetics program.
- Discovered that sickle cell anemia is caused by defective genes affecting hemoglobin production.
- Introduced iodine to table salt, an innovation that eliminated goiter in the United States.
- Developed an implantable device called the Greenfield Filter, which traps blood clots that form in the legs before they can be transported to the heart or lungs.
- Developed radioactive treatment for thyroid cancer.

of Michigan Medical School see themselves as partners with referring physicians, he added. The goal is to provide the best patient care possible. With Dean Lichter at the helm, the University of Michigan Medical School will certainly continue to move in the direction of innovation.

The October/November 2000 issue of *Michigan Medicine* will profile Dean Crisman of Wayne State University Medical School. ■

The author is an MSMS communications specialist.

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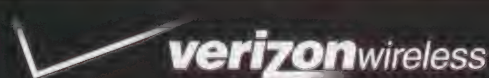
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Physicians Get Wired:

How Computer Technology and E-Commerce Affect Your Practice

By Ralph D. Ward

The rise of the Internet and e-commerce has created entirely new businesses and fortunes in software, web portals, and information services. However, the real transformation has only just begun, as the vast world of traditional business and trade reinvents itself to take advantage of the online world. Over the past few years, new e-commerce successes

Continued on page 20

E-Commerce and You

Continued from p. 19

have forced us to rethink and rethink again what can be sold online. Books, news, CDs, computers and software were a few early and obvious e-commerce applications, followed by toys, clothing and sporting goods. Despite the tech glamour, all that early e-commerce did was take the mail-order convenience that Sears-Roebuck innovated a century ago and sped it up to Internet time.

A New Frontier

While the physician's role in life may seem an odd fit with e-commerce, wouldn't the idea of ordering a carton of milk online have seemed a joke just a few years ago? In truth, the Internet already is changing how physicians practice medicine, often in less than dramatic, but surprisingly practical, ways.

The *Fortune* magazine Summer 2000 Technology guide notes that only 10 percent of U.S. physicians have a web page, and less than half use the web at all. Yet health-related websites are booming, with or without the physicians. A Louis Harris & Associates survey cited in the article found 15,000 to 20,000 health sites currently online, and 68 percent of wired adults use the web to seek medical information, making health one of the most popular websurfing topics. According to a recent article in the *AMANews*, the value of healthcare e-commerce is expected to climb from an impressive \$6.4 billion in 1999 to a staggering \$370 billion in 2004.

Cautious Enthusiasm

Michigan's physicians are approaching e-commerce with a mix of enthusiasm and caution. The enthusiasm relates to the web's potential to lower their operating costs, expand their marketing, and allow them to compete in the marketplace in ways not previously avail-

able. The caution stems from their inexperience.

The Internet is new enough (and physician involvement uncertain enough) that there is great variety in how Michigan doctors use the web. But their e-commerce efforts tend to break down under three headings: informational websites, marketing websites, and business-to-business applications.

Informational websites are popular with Michigan physicians, and certainly the most common on the web. By placing enormous amounts of medical information, good bad or indifferent, before the public, medical information sites have become a real factor in how physicians must deal with their patients.

National sites such as Medem, AccentHealth.com, WebMD.com, and Healthcentral.com serve a valuable public service with responsible, reviewed lay healthcare material. But there are many more online resources that provide very technical healthcare data and findings that could be misunderstood by the general public. Also, alternative care, unconventional medicine, and outright quackery have found a home on the web, and your patients likely lack the knowledge to sort the wheat from the chaff.

For the medical practitioner, the purely informational website is a relatively low-stress endeavor, requiring the least amount of time, effort and expense, but also providing the least financial benefit.

Rhoda M. Powsner, MD, MSMS Board member and Michigan delegate to the AMA, does a good amount of research and writing about state and national issues that intersect on health care and legislation. Thus, it was a natural move for her to put her writings online, at her Powsnerpapers.com site. "To me the website is just one more way of getting the issues out to the professional and lay community."

Another personal information website is offered by Milton White, MD, who has gath-

ered his 40 years of cancer research at his Cancerconquest.com site. Doctor White, who has developed original ideas on the causes and treatment of cancer, recalls that "I've had many articles published, but I had to reach a larger media. I thought the web was a better way to get people to read my work, not just a selected few." Since launching his site early this year, Doctor White has received several dozen emails from web surfers who've discovered his work online. "I'm happy with it... for me, it's been effective."

For both these physicians, their informational websites have been a means to the end of spreading awareness on their work, and is less directly related to their day-to-day medical practice. Also, physicians who put up basic in-

formational sites tend to eschew technical gimmicks and online flash, leaving the site design and webmaster duties to tech specialists. Doctor White made contact with his Internet service provider (ISP) through MSMS, and today largely leaves site management in the hands of the ISP.

Marketing Your Practice Online

Marketing websites take physicians into the bold new world of e-commerce by overtly promoting the practice, though there are as many online ways of reaching this goal as there are websites themselves. Often the line between an informational website and one that markets the practice is blurred. Offering a good selection of
Continued on p. 23

New MSMS Member Benefit: Build a Free Web Site

MSMS members soon may build a free web site, thanks to a new partnership between MSMS and Medem. (See the flyer packaged with this issue.)

MSMS is the tenth medical society to partner with Medem in the last year and the first state society to join Medem since the Medem board began inviting state society participation three weeks ago. It is anticipated that several other societies will join the Medem network in the next few months.

Established in October 1999 with original funding provided by seven founding medical societies, Medem's rapidly expanding network already represents more than two-thirds of the nation's physicians. Medem empowers the physician-patient relationship by providing patients with access to comprehensive health information and services, as well as interactive tools and communications with their own physician's office, delivered through the doctor's own customizable Medem website.

"We are very pleased that the Michigan State Medical Society has decided join the Medem network," said H. Dunbar Hoskins Jr., MD, chair of Medem's board of directors and executive vice

president of the American Academy of Ophthalmology. "Through their partnership with Medem, MSMS will advance Medem's goal of offering patients access to the nation's most trusted and credible healthcare content as well as enhanced and convenient online physician-patient communication."

Medem's partnership with MSMS is beneficial to both the physician and the society, enabling the membership of 14,000 Michigan state physicians to enhance their practices' exposure online, and service and expand their patient base.

"Our partnership with Medem offers our member physicians an exciting opportunity to build and improve upon their patient relationships," said MSMS president Billy Ben Baumann, MD. "Medem's interactive services and the unique ability to provide the most trusted healthcare information online from a physician's own website present a tremendous benefit for our members."

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E-Commerce and You

Continued from p. 21

healthcare links, articles and tips on your site not only helps educate visitors, but makes your site (and, in turn, your practice) more valuable to potential patients.

Mark Ladwig, a vice president with HealthDirectory.com, a web consultant in alliance with MSMS, works with a number of society members in developing their sites. "A lot of the sites we build are less e-commerce and more informational. They discuss levels of service, add to the comfort of patients, and help patients identify the particular practice among competitors."

One of the most professional practice marketing websites in Michigan has been that of the Complete Care Center urgent care clinics in southeast Michigan. Indeed, according to CCC co-owner Robert Bouvier, MD, the new version of the site (CCCcenter.com), launched over the summer, is the third phase of a web presence extending back to 1996. "The goal initially was to be informational, as well as, we hoped, to offer a marketing tool. The new version is also very sales and marketing oriented. It's friendlier, with less emphasis on glitz." They need to be able to load the page in 10 seconds."

Business-to-business applications receive less notice in the popular press, but may offer the most immediate benefit to Michigan physicians. This e-commerce application empowers the physician to be not a seller but a buyer, using the web as a way to find better deals on the supplies and services a practice requires. The online service PhyBuy.com is such a web-based exchange, offering mass physician buying power for medical, surgical, office and pharmaceutical items. Improved efficiency for such "back office" operations may not make headlines, but can bring a very real benefit to the practice's bottom line.

Broader business-to-business applications are

making their way online. The physician can connect to the pharmacy, the laboratory, the rehab center, allowing information to pass throughout the whole system. In this application, the Internet acts as a highly effective info lubricant, easing the time, costs and errors of data transfer friction.

This raises one of the new concerns of our digital age: Indeed, both the current hot topics of medical record privacy and online privacy crash together on this single point. However, there are other issues the physician needs to consider when weighing a move into e-commerce, among them:

■ How can an online presence fit in with your practice? Your area of specialty, practice structure, affiliations and geographic reach are crucial to how you should structure a website — or whether you need one at all. "Some physicians look at this as a simple local marketing tool" observes Ladwig, "while some try to capture a much larger regional, or even national, audience."

Russell Rothrock, MD, of Battle Creek Neurosurgical Services, offers highly specialized neurosurgery techniques, and almost all of his patients are referrals. Thus, his well-designed bcneurosurgery.com site "is more for information" says Doctor Rothrock. Referred patients can visit the website before their actual office visit to learn more about their upcoming procedures, increasing their knowledge and helping to ease their concerns.

Yet e-commerce may not be the ticket for every practitioner. "If a website doesn't save your practice time and money, why bother with one?" asks Doctor Bouvier. And you may not gain any real benefit in being online if you practice primarily in a hospital, are an anesthesiologist, or are in emergency medicine.

■ Set solid e-commerce goals. The idea that you'd simply like to build your public image is too vague to justify the expenditure of time and effort that a truly professional website demands.

AMA principles for e-commerce

The American Medical Association has developed a set of principles to help guide practitioners in their e-commerce efforts. The full report can be found at <http://jama.ama-assn.org/issues/v283n12/full/jsc00054.html>, but the AMA's 11 essential principles for physician e-commerce are:

1. A link or reference to the site's policies on privacy should be clearly visible.
2. The security software and encryption protocol used on the site for financial transactions should be described.
3. Users should be able to select whether or not the web host will retain the user name and password (i.e., disable cookie function, as described in "Principles for Privacy and Confidentiality"). Users should be able to opt in or opt out of functions that track personal information at any time.
4. A link or reference to customer service contact information (email, telephone, fax, mail), including hours of operation and time zone, should be clearly visible.
5. The terms of use for e-commerce should require a deliberate selection (accept/not accept).
6. Users should be able to review transaction information prior to execution (information, products, and services listed; prices; totals; shipping and handling expenses).
7. As a courtesy, following execution of the transaction, users should be provided, on a page or by email, purchase information (see item 6 above) as well as shipping tracking number, if appropriate.
8. Users will be notified on-screen when entering or leaving a secure site and will have the option to proceed or remain on the current site.
9. If a user's browser does not support a secure connection, no financial transactions will be permitted over the Internet.
10. Response times for feedback and fulfillment should be clearly stated.
11. Products and services will not be endorsed or cobranded by the AMA or AMA publications. Any product promotions must adhere to the "Principles for Advertising and Sponsorship."

Doctor Bouvier says that a goal of the new CCCenter.com site is to "make it more sales and marketing oriented...you have to look for value." Doctor Bouvier says that the practice has set a goal of five to 10,000 hits per month for the new site.

■ Get professional help. The standards for business websites are steadily rising, and the busy practitioner's time is too valuable to add the burdens of becoming a top flight HTML coder. "I'd certainly recommend professional help" notes Doctor Rothrock.

■ Design a site to truly meet your needs. This requires added thought on design elements. In preparing the new version of the CCCenter.com site, for example, Doctor Bouvier made sure to enlarge the print on all pages. "The fastest growing group of online users age 50 and older." Ladwig urges practitioners to follow up on their site design with a strong search engine submission program. "Get help with search management. Make sure to use key search words on the pages for your practice, and work with a company that can help your page come up higher in the search engine rankings."

Finally, Michigan physicians should view the Internet as a way to rethink how they connect with their patients and business contacts. Rather than a troubling change, it represents an exciting opportunity. ■

The author is a Riverdale-based freelance writer.

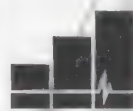


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Conference Attendees will Emerge as Physician Leaders

If you are in a position of leadership at your hospital, county medical association, specialty society, MSMS, or your own group practice, you ought to attend the 2000 Michigan State Medical Society (MSMS) Leadership Conference. MSMS aims to motivate leaders in medicine and arm them with effective management skills with its 2000 Leadership Conference.



J. Gordon Kingsley, PhD

With the complex changes occurring in medicine, the healthcare community is in need of effective, passionate physician leadership. With debate surrounding managed care, government regulations, contacting issues, timely payment, anti-trust, scope of practice, and the current Medicaid crisis, physicians have to advocate on behalf of their profession and their patients.

The AMA has been encouraging physicians to ask: "Is it good medicine?" Is it good medicine to permit 43 million Americans to be uninsured? Is it good medicine to allow health plans to make medical decisions? Is it good medicine to tolerate the closing of local hospitals due to inadequate Medicaid funding? For the benefit of your patients, you need to be the leader of health care in your community.

On Friday, September 15, from 9 a.m. to 4 p.m., physicians and group managers are invited to participate in the MSMS Leadership Conference at the bps Corporate Training and Conference Center in Beverly Hills, Michigan. Participants will come away with new insights on effective management, organizational leadership, legislative advocacy, and critical healthcare issues.

J. Gordon Kingsley, PhD, Vice President of

Development, Health MidWest, will present an inspiring keynote speech that will motivate listeners to think about their own crucial roles as leaders in health care. He defines the qualities of leaders, characteristics of leadership, and the influence situational context has on the ability to lead. In his keynote address, "Take Me To Your Leader," Doctor Kingsley draws on his extensive experience

and research in organizational leadership to encourage physicians to take a more active role as leaders in health care.

The Leadership Conference is sponsored by MSMS, county medical societies, Glaxo Wellcome, Inc., and MidWest Mortgage. The cost is \$130 for MSMS and MMGMA members, \$175 for nonmembers, \$65 for resident and retired physicians, and \$35 for medical students. To register for the Leadership Conference, contact Linda Adams at MSMS at 517-336-5766 or ladams@msms.org.

Internet Road Show

Also plan to attend the AMA/Intel Internet Health Roadshow. It will take place on Thursday, September 14 at the bps Corporate Training and Conference Center in Beverly Hills, Michigan. This day-long course will explore the emerging relationship of health care and technology. Sessions include lessons on websites for physicians, patients on the Internet, and using the Internet to increase practice efficiency. The cost is \$100 for MSMS and MMGMA members and \$150 for nonmembers. Physicians attending the MSMS 2000 Leadership Conference will receive a \$25 discount on the registration fee for the Roadshow. For more information on the AMA/Intel Internet Health Roadshow, contact Rebecca J. Blake at MSMS at 517-336-5729 or rblake@msms.org. ■



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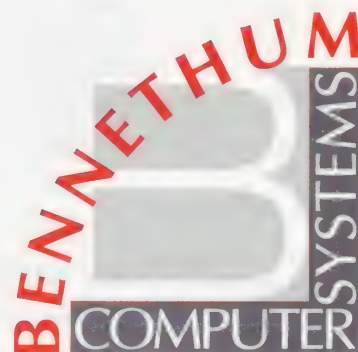
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Keep Your Medical Edge with Annual Scientific Meeting courses

By Peggy Englerth

The 2000 Annual Scientific Meeting promises to be not only educational, but thought-provoking. In addition to the latest in medical research and treatments, course offerings will address some of the most crucial issues facing medical practitioners today. Courses on such topics as genetic research, end-of-life care, medical technology, Internet informed consent, and environmental issues are sure to raise as many questions as answers.

Evangeline Spindler, MD, chair of the ASM planning committee, is excited about this year's course offerings. "Medical practice today is under siege," she says, "and the ASM is an opportunity for physicians to catch up on advancements in research, its diverse clinical applications and remarkable therapeutic potential, as well as to recapture their pride in their profession and remember why they became physicians. Course offerings are designed not only to educate, but to promote discussion on both the clinical and ethical/social implications of current trends in health care.

This year's theme, "New Frontiers in Medicine," is anchored by plenary sessions on "frontier" issues. The Thursday, November 2 plenary session is titled "The Human Genome Project: Challenging Frontiers in Medicine and Ethics." The speaker, Mark Hughes, MD, PhD is professor of Molecular Medicine and Genetics and professor of Pathology and Obstetrics/Gynecology at Wayne State University. He will discuss the clinical applications of the DNA sequencing, human genome mapping initiative. The emphasis will be on how this enormous data set of genetic information is being used and could be used in the practice of medicine. The ethical and social ramifications of using this information to customize medical therapies will be highlighted as well as potentials for abuse.

Friday's plenary session will be presented by Cary Engleberg, MD, professor of Internal Medicine and Microbiology & Immunology at the University of Michigan School of Medicine. On the topic "New Frontiers in Antiviral Treatment," Doctor Engleberg will talk about the development of new antiviral agents. The discussion will include how these agents have increased choices for treatment of previously untreatable viruses, other than

HIV. Doctor Engleberg will survey new antiviral agents that are impacting the treatment of herpes viruses, influenza A and B, enteroviruses, rhinoviruses, and hepatitis viruses.

CME for Many Specialties

In addition to the two plenary sessions, 38 CME courses will be available covering topics of interest in many specialties. Below is a sampling:

"Pediatric Office Update," presented by DeVos Children's Hospital (course director, Nabil Hassan, MD). Participants will learn to understand the definitions and implications of apnea, SIDS, and ALTE; how to recognize airway emergencies and initiate interventions; and how to understand the special needs of children who require home mechanical ventilation.

"Traditional and Alternative Therapy for Menopause," presented by Hutzel Hospital and the Wayne State School of Medicine (course director Charla Blacker, MD). Selective estrogen receptor modulators and both pharmacological and naturopathic therapies will be emphasized for treatment of menopause. According to Doctor Blacker, the naturoceutical industry is huge, and physicians need to learn more about these treatments in terms of efficacy and safety. She says patients often assume that "natural" means "safe" or that natural treat-

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**November 1, 2, & 3, 2000
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ments are as effective as traditional ones. Some of them may be effective as adjuncts or, in some select patients, alternatives. "Knowledge of naturopathic treatments could offer more alternatives for individual practitioners to individualize treatment to meet their patients' needs," says Doctor Blacker. Also under discussion at during this course is treatment of the breast cancer survivor with emphasis on hormonal therapy.

"Radiology Updates for Clinicians," presented by the Michigan Radiological Society (course director, A.P. Zingas, MD, FACR.) This course will cover embolization for treatment of symptomatic fibroids, radiology of pulmonary embolism, carcinoma of the prostate, and radiologic evaluation of appendicitis.

"What Every Practitioner Should Know about Genetics and Genetic Testing." A panel of experts in this rapidly evolving field will discuss DNA and the clinical cytogenetics with patient care examples to explore. Course director and panelist, Rhoda M. Powsner, MD, JD says, "It has become apparent to me that there is a great lack of knowledge about the implications of advancing medical technology. Genetic research and testing issues such as privacy and disposal and storage of specimens need to be addressed, not just by the medical community but by the legal community and the public at

large." Says Doctor Powsner, "People are concerned about their financial privacy but give no thought to their health care privacy."

This collaborative panel includes Helga Toriello, PhD, of Spectrum Health Plan; Gerald Feldman, MD, PhD, FACMG of the Wayne State University School of Medicine; Daniel Can Dyke, PhD of Henry Ford Health Systems, and Doctor Powsner.

Collaborative Effort

According to this year's program chair, the planning committee worked very hard to review evaluations from the 1999 ASM and to incorporate those suggestions into this year's program. Doctor Spindler is especially pleased by the variety of organizations represented and the amount of collaboration that is evident in this year's course schedule. Several specialty societies are represented as well as medical schools and major hospitals and healthcare systems.

New Short Courses

A new option at ASM 2000 is the "short course." On Thursday morning, "Informed Consent (.com)" and "Medical Diagnosis, Treatment, and Rehabilitation of Hearing Impairment" will run from 8:30 to 10:30 a.m. "Barriers in Diagnosing and treating Adult Depression" will be held from 2:30 to 4:30 p.m. This change is part of an effort to add flexibility to the program.

The William Beaumont Lecture will once again be presented during the Annual Scientific Meeting. This year's lecture will be on Thursday, November 2 from 12:30 to 1:30 p.m. The speaker is to be announced at a later date.

"With 39 CME courses and two excellent plenary sessions," says MSMS President, Billy Ben Baumann, MD, "this year's Annual Scientific Meeting promises to appeal to physicians of all specialties." ■

The author is a Lansing-based freelance writer.

**For the
complete
program of
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NEW FRONTIERS IN MEDICINE



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Wednesday Morning, November 1

All morning courses run from 8:30 a.m. to noon with a half-hour break.

- Clinical Allergy for the Primary Care Physician
- Beyond Viagra: Current Perspectives on Sexual Dysfunction
- Peripheral Vascular Diseases: Recent Medical, Endovascular and Surgical Advances
- New Frontiers in Surgery
- Pediatric Dermatology
- A Morning in Family Practice

Wednesday Afternoon, November 1

All afternoon courses run from 1:30 p.m. to 5:00 p.m. with a half-hour break.

- New Frontiers in the Immunopathogenesis and Treatment of Atopic Dermatitis
- Radiology Update for Clinicians
- Addiction Medicine 101
- Multi-Disciplinary Approach to Aortic Aneurysms and Dissections
- Pediatric Emergency Medicine – How Sick is Too Sick?
- Medicaid in Transition: Can Health be Maintained in Medicaid HMO's?
- Handheld Technology with Patient-Based Tools

Thursday Morning, November 2

"Early Bird" Plenary Session, 7:15 a.m. – 8:15 a.m.

The Human Genome Project: Challenging Frontiers in Medicine and Ethics

All morning courses run from 8:30 a.m. to noon with a half-hour break.

- Dolly's Legacy: A Brave New World in Bioethics
- Frequently Encountered Neurological Problems
- The Uncommon Presentations of Common Rheumatological Problems
- The Endoscopic Approach to Plastic Surgery
- Handheld Technology with Patient-Based Tools
- Internet Tools for Informed Consent*
- Medical Diagnosis, Treatment, and Rehabilitation of Hearing Impairment*

Thursday Afternoon, November 2

All afternoon courses run from 2:00 p.m. to 5:30 p.m. with a half-hour break.

- Traditional and Alternative Therapy for the Menopause
- What Every Practitioner Should Know about Genetics and Genetic Testing
- Improving End-of-Life Care
- Update on Environmental Health Issues
- Non-Pharmacological Management of Chronic Obstructive Pulmonary Disease
- Handheld Technology with Patient-Based Tools
- Barriers in Diagnosing and Treating Adult Depression**

Friday Morning, November 3

"Early Bird" Plenary Session, 7:15 a.m. – 8:15 a.m.

New Frontiers in Antiviral Therapy

All morning courses run from 8:30 a.m. to noon with a half-hour break.

- Infectious Disease: Update 2000
- Management of Back Pain
- Pediatric Office Update 2000
- Current Knowledge, Treatment and Prevention of Obesity
- Musculo-Skeletal Medicine for Non-Orthopaedic Physicians
- Common Otolaryngologic Problems

Friday Afternoon, November 3

All afternoon courses run from 1:30 p.m. to 5:00 p.m. with a half-hour break.

- Current Trends in Colon and Rectal Surgery
- Domestic Violence & the Physician: Legal Responsibilities and HealthCare Response
- Prevention and Treatment of HIV Disease in Children and Adolescents
- Cardiology 2000: Diagnosis & Treatment of Heart Disease
- Otolaryngology for the Primary Care Physician
- Orthopaedics—Conditions You Can't Afford to Miss

* Short course held from 8:30 a.m. – 10:30 a.m.

** Short course held from 2:30 p.m. – 4:30 p.m.

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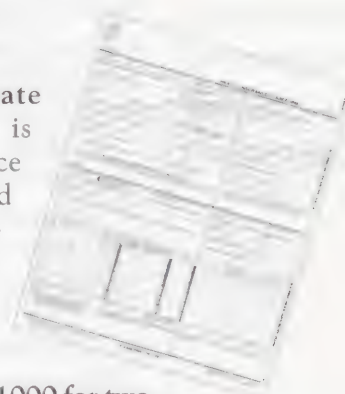


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MSMS Leaders Provide Insight at 2000 House of Delegates

New MSMS President Billy Ben Baumann, MD, Traces Successes, Imagines the Future



Billy Ben Baumann, MD

Ladies and gentlemen...colleagues, good afternoon and welcome to the Year 2000 House of Delegates of the Michigan State Medical Society! In this new millennium, I am both inspired and humbled to be called as the first president of this distinguished professional organization. I...we...stand here today on the shoulders of giants...our professional forebears extending back in time over 5,000 years!

The Past 20 Years

In the more recent past—times many of us remember well, from the mid-1970s to the 1980s, some of our greatest battles were in the courts. Lawyers and patients discovered a gold mine in medical mishaps, both imagined and real, and they came after us with an unprecedented zeal. Medical liability insurance premiums skyrocketed, and insurance companies were dropping all of us out of fear of financial ruin.

But MSMS grabbed the bull by the horns, one might say, and wrestled it back into its pen. MSMS accomplished three notable remedies to help control the medical liability problem.

In 1976, we started our own insurance company, Michigan Physicians Mutual Liability Company. It provided liability insurance for Michigan physicians when no other company would. Today, that company is called the Mutual Insurance Corporation of America (MICOA), and it does insurance business of all kinds over much of the United States.

Second, MSMS crafted effective tort reform legislation and was successful in pushing it through the Legislature to passage in 1986 and again in 1993. These reforms capped non-economic damages, required pre-suit notification, shortened the statute of limitations, and put restrictions on hired guns serving as expert witnesses.

Ongoing challenges of the 1990s spilling over into this century include scope of practice, criminalization of medical error, the nation's uninsured, Medicaid and Medicare reform, improving end-of-life care, manage care methods (including timely-payment legislation), the patients' bill of rights, and protection of our hard-won tort reforms in the Michigan Supreme Court. You can meet this latter challenge very directly when you go to the ballot box and vote for Supreme Court justices this November.

The Future of Medicine

In our new age of electronics and information technology, I'm sure we will see many advances that will amaze and dazzle us. The Internet and telecommunications will improve the flow of quick, accurate information between physicians. Exciting new frontiers will be crossed in molecular biology, pharmacology, cancer management, transplantation, AIDS and genetics. Miniaturization technology will improve surgical and diagnostic techniques beyond belief. Many scourge diseases, such as AIDS and certain cancers, will be eradicated or controlled. Nutrition and lifestyle research will continue to increase the vigor and longevity of our population.

If future advances are to amaze and dazzle, so also will they befuddle. Ethical questions will proliferate at a rate to tax our ability to solve them. Even the most imaginative among us will be unable to foresee the greatest achievements and challenges held by this new century.

We have a long list of challenges ahead.

But, above all, our foremost responsibility is to maintain excellent relationships with our patients and to advocate for our patients. Watch, listen, serve your patient and, in the 21st century as in the 20th, all will be well for the patient, for the health of the nation and for the noblest of professions!

Outgoing President Krishna K. Sawhney, MD, Says MSMS Fights for You

Thank you for the privilege of serving as your president. For the privilege of partnering with you this past year as we have strived to serve the people and the profession we hold so dear.

A partnership of physicians and the patients we care for. This partnership is what I want to talk about tonight.

A recent study found it was how partners talked to each other that was the determinant of a successful relationship rather than what they said.

If they expressed fondness and admiration for their partner, if they talked about themselves as a unit, if they viewed their partner through rose-colored glasses, rather than fogged lenses. And, if their partners were aware of their appreciation and their respect.

That story about successful relationships got me thinking about MSMS and why it is that at a time when most other societies are hemorrhaging members, losing favor...ours continues to grow in number, gather in strength.

I think it is because we respect each other, revere our profession and can rely on our organization.

Respect.

MSMS...a leader that respects you, represents you...fights for you.

Like we did when MSMS sued the Department of Management and Budget over its refusal to give us all the data we need to determine if the state is meeting its responsibility to our Medicaid patients.

It began, as you well know, two years ago when the Department of Community Health awarded contracts to what most of us soon called the UNqualified Health Plans. It continued when these plans dragged their feet in honoring their contracts with us.

And it escalated when the governor approved budgets underfunded by six to seven hundred million dollars for those two years.

So we took some action of our own. MSMS said, "Governor Engler, that is unacceptable."

We filed our Freedom of Information Act request with seven state agencies. And when we didn't get all of the information we wanted, we sued. We sued on behalf of Michigan's 20,000 physicians and our one million Medicaid patients.

We want to make sure state government is keeping its commitment to the federal government, when it signed the contract to change Medicaid to a managed care system.

And, if MSMS doesn't get a satisfactory answer, the state court will. And most recently, eight members of the Michigan Congressional delegation have asked for a federal investigation of the Michigan Medicaid program.

We will do whatever it takes to ensure that the lawmakers and regulators in Lansing respect our poor and the physicians who take care of them.

For example, last November it was becoming clear to MSMS lobbyists and legislative staff that nobody in Lansing was listening to them about the impending Medicaid disaster.

They were frustrated because they felt they were only getting lip service from lawmakers.

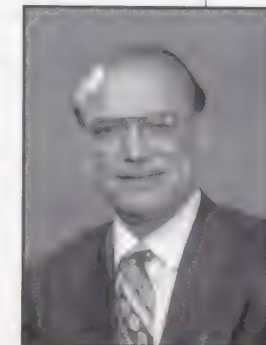
But no legislative action was in the making.

I got a call from Kevin Kelly that he and Bill Madigan felt MSMS needed the voice—the clout—of physicians—to make our message heard.

They asked me if I could call our members together for a MAD day at the Capitol; Medicaid Access Day.

Nearly 400 of our colleagues re-arranged schedules, cleared calendars and collected in Lansing.

We are making progress. Increases in the Medicaid budget and timely payment legislation. We cannot stop now...



Krishna K. Sawhney, MD

For a complete report on the 2000 MSMS House of Delegates, visit the MSMS website at <http://www.msms.org/members>. Follow the link to House of Delegates.

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Value of MSMS Membership

Continued from p. 48

fers programs of interest to all specialties. Then there are other topical conferences throughout the year that address Bioethics, Palliative Care, and Women's Health, among others.

MSMS also identifies the hot business topics of the day and organizes educational programs to keep physicians up to speed. One of those topics happens to be computer technology, which is the cover story of this magazine edition. Physicians are currently knocking MSMS' door

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How much is that worth to you?

Plenty, no doubt. The value of MSMS goes well beyond the few

hundred dollars you pay in dues. It's certainly a wise investment that makes sense for today's medical practice as well for the generations of physicians yet to come!

Take advantage of as many of the MSMS services as suit your needs. (Be sure to regularly visit the MSMS website at www.msms.org to become familiar with all MSMS has to offer). It'll pay off for you, and at the same time, you'll be contributing to the strength of your professional association. What could be better than that?

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The Dollars and Sense of MSMS Membership

Billy Ben Baumann, MD

MSMS President

Stop and think how valuable MSMS membership really is to you!

That is, in terms of dollars and cents, time saved, professional advocacy, professional/business development and preservation of the profession. Think about the value you *already* receive in all aspects of your membership. Then, as you read this, think about *new ways* MSMS can help you reduce your overhead costs or save you time.

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Continued on p. 45

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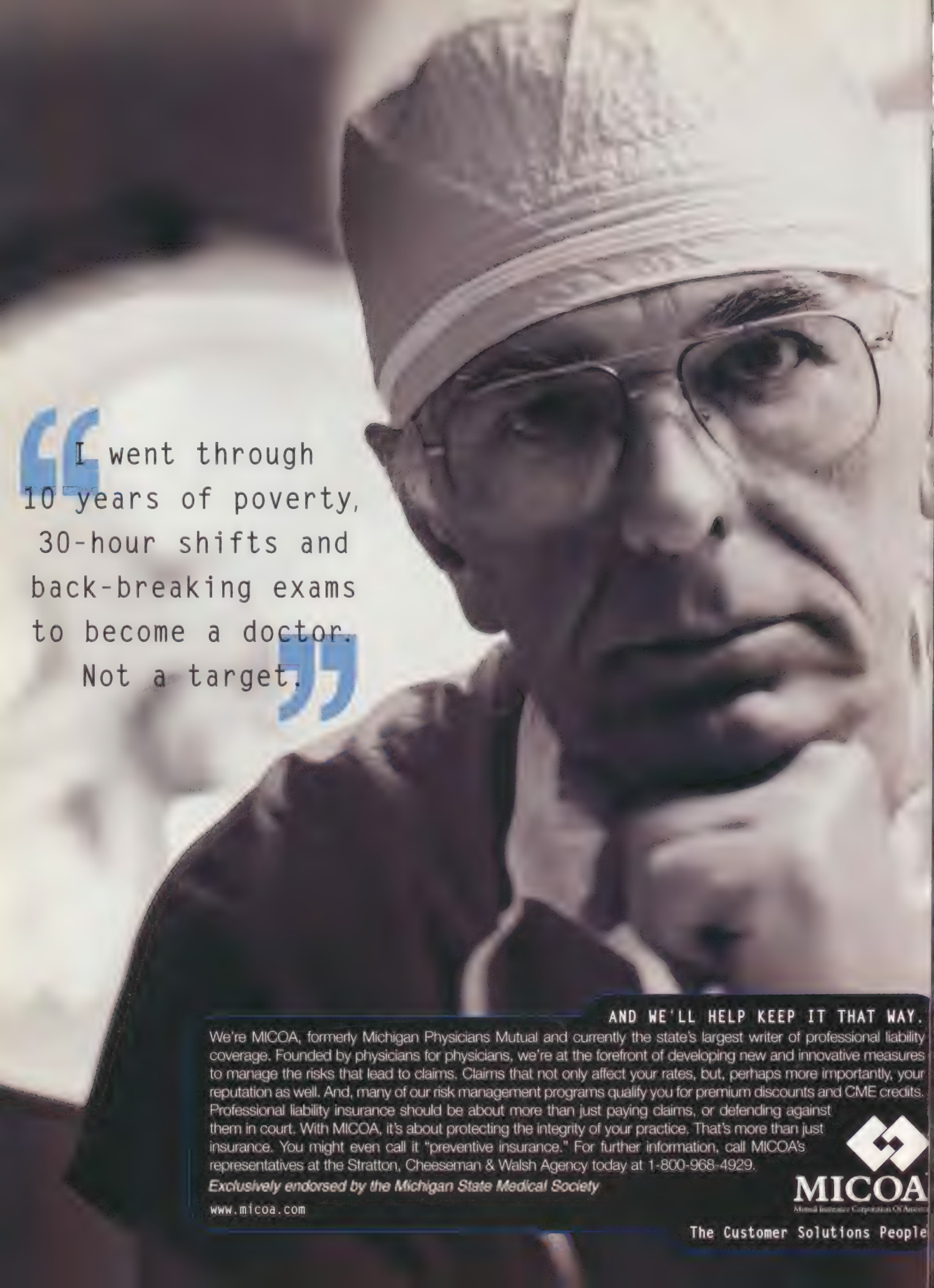
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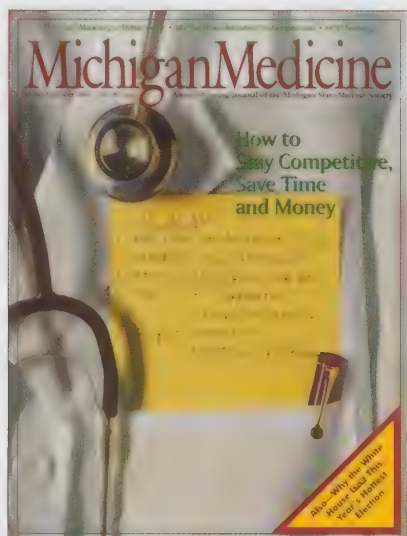
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COVER STORY



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How to Stay Competitive, Save Time and Money

by Jennifer Higgins

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Doctor, are you taking advantage of these time- and money-saving resources? From reimbursement assistance, to compliance advice, to hassle reduction and eservices, MSMS has the answers. Save this article!

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Task Force Puts Physician Well-Being First

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In focus: Improving physicians' experience of professional satisfaction, and diminishing their experience of stress.

Special Report: Doctors and Their Families Make a Difference in Michigan

Insert

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by the Michigan Consortium for Osteoporosis

An executive summary addressing the relationships between osteoporosis and certain diseases and their treatment.

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The mission of the Michigan State Medical Society is to promote a healthcare environment which supports physicians in caring for and enhancing the health of Michigan citizens through science, quality, and ethics in the practice of medicine.

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HIV Testing for Expectant Mothers is Imperative

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by Andrea Rybicki

Approximately 7,000 HIV infected women give birth annually in the United States. Michigan law calls for medical personnel to offer counseling and testing. This article and an accompanying brochure provide useful information for physicians and their office staff.

Why the White House isn't This Year's Hottest Election

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by Ralph D. Ward

Why is MSMS placing much of its effort on the state Supreme Court election? Because it's the one arena that really matters to Michigan physicians, due to its upcoming reviews of crucial tort reform law.

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Ghost Surgery/Breach Of Contract And Other Liability

By Richard D. Weber, JD
MSMS Legal Counsel



Question: I am a general surgeon. Because of my busy schedule I sometimes have substitute surgeons actually perform the surgery, but I am usually in the operating room to assist or supervise. Does this present any legal liability on my part?

Answer: Courts have held that a surgeon may be sued under a breach-of-contract theory for having another surgeon perform a surgical procedure without a patient's knowledge and consent. In one particular case, a surgeon agreed to perform surgery to remove the patient's gall bladder. The surgery was actually performed by a resident, under the surgeon's supervision. The resident erroneously cut and clamped the patient's common bile duct, causing complications which necessitated multiple additional surgical procedures. The plaintiff filed suit alleging malpractice against the resident and surgeon, and breach of contract against the surgeon. The jury rendered a verdict of no cause for action on the malpractice claim, and the judge dismissed the breach of contract claim finding that it was subsumed by the patient's malpractice claim. The appellate court reversed the trial court on the breach of contract claim and held that if the surgeon in this case agreed to personally perform the surgery and failed to do so, he breached a contractual duty which was independent of any claim that the professional standard of care was violated in the performance of the operation.

The appellate court further held that if this was factually established the plaintiff would be entitled to recover breach of contract damages which would be the damages for injuries which would not have occurred if the surgeon had personally performed the surgery. The court went on to state that even if a surgical procedure was successful, a patient may be entitled to recover nominal damages or damages for emotional distress against a surgeon who fails to personally perform a procedure without the patient's knowledge and consent.

It is conceivable that substituting another physician without the knowledge and consent of the patient could result in a claim for assault and battery and/or lack of informed consent. If a patient only gives consent to his or her own physician to perform surgery, and there is nothing in the consent document authorizing a substitute, there is no authority for the substitute to touch the patient. Touching without consent is a technical battery. It could also violate the informed consent law. Consent is legally implied in the case of an emergency which would be a defense to such a claim for assault and battery and/or lack of informed consent.

Finally, a patient's physician could be sued for malpractice in negligently selecting a substitute whom that physician knew or should have known was not sufficiently competent to perform the surgery. Also, the patient's physician could be jointly and severally liable to the patient in participating in or supervising the procedure in conjunction with the substituted physician.

The American Medical Association's Code of Medical Ethics provides that a surgeon who allows a substitute to operate on his or her patient without the patient's knowledge and consent is deceitful. The plaintiff is entitled to choose his or her own physician and should be permitted to acquiesce to or refuse to the substitution. The Code concludes that it is therefore unethical for a surgeon to allow a substitute to operate on his or her patient without the patient's knowledge and consent.

Customary practice should include a written consent for an operation, which includes the provision that the operating surgeon is authorized to be assisted by residents or other surgeons. If the resident or other surgeon is to perform the operation without the participation or supervision of the primary surgeon, it is necessary to make a full disclosure of this fact to the patient, and this should be evidenced by a written consent signed by the patient. ■

The author is senior partner at Kerr, Russell, and Weber, Detroit.

Editor's note: If you have legal questions you would like answered by MSMS legal counsel in this column, send them to Sheri W. Greenhoe, Michigan Medicine, MSMS, 120 W. Saginaw, East Lansing, MI 48823, or at sgreenhoe@msms.org.

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Task Force Puts Physician Well-Being First

The Task Force will create opportunities to support physicians in improving their experience of professional satisfaction and diminishing their experience of stress.

A 2000 House of Delegates resolution (HOD 19-00A) requested that MSMS explore issues related to physician stress and burnout, and to develop educational and other resources to enhance physician well-being. As a result, the MSMS Board of Directors has appointed the MSMS Task Force on Physician Well-Being. The task force will create opportunities to support physicians in improving their experience of professional satisfaction and diminishing their experience of stress, via educational programming, resource centers and a task force web site.

Board Chairman John MacKeigan says "The MSMS Board is excited to offer an initiative which will improve professional satisfaction and quality of life for physicians in need, and also educate them in practical ways towards stress reduction."

The Task Force on Physician Well-Being is chaired by Marsha Milburn Madigan, MD, MPH. Members include: Lourdes V Andaya, MD; Darrell A. Campbell, MD; Douglas Mack, MD; and Kalyani Misra, MD.

Doctor Madigan says, "I speak to physicians daily who can benefit from assistance in reconnecting to what really matters about the practice of medicine, and to the intrinsic rewards of the profession. Enhancing professional satisfaction and diminishing the experience of stress also allows the relationship between physician and patient to return to the forefront, and benefits patients as well."

An Important Issue

Lourdes Andaya, MD, MSMS Board member and task force member, notes, "I'm honored to be chosen to serve on this task force because of the importance of the issue to the physicians of Michigan. Practicing in southeast Michigan, I see many physicians who will be helped by the educational programming and resource development arising from the activities of the task force."

If you are interested in participating in the activities of the task force, or for more information on the MSMS Task Force on Physician Well-Being, please contact Rebecca Blake at (517) 336-5729 or rblake@msms.org. ■

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Seminar registration fee is \$879; spouses may register for \$679. Rooms are being held at a discounted rate of \$95 per night at the Marriott. Contact Rebecca J. Blake at (517) 336-5729 or rblake@msms.org, or visit the www.msms.org website, for details and future seminars.



DOCTORS & THEIR FAMILIES

Make a Difference

IN MICHIGAN

Doctors and Their
Families Make a
Difference
in the Community,
in Michigan, in the World



Doctors and Their Families Make a Difference in the Community, in Michigan, in the World

*A Message from Peter A Duhamel, MD,
President, MSMS Foundation*

National "Make a Difference Day" is October 28. What better opportunity to recognize our colleagues who volunteer their time and expertise?

This annual supplement celebrates Michigan's medical families who are giving back. We realize they represent countless others who aren't mentioned, and know that volunteers are among us everywhere. They are in community clinics, in churches, temples and synagogues, on the soccer field, in civic organizations and around the globe—wherever help is needed. We salute and thank them all.

Among those honored here are the recipients of the 2000 MSMS Community Service Awards. These outstanding volunteers are chosen by their peers—members of component medical societies nominate candidates for this prestigious annual award. This year we're delighted to recognize the first MSMS Alliance member recipient.

I hope these stories will both inspire you and remind you that, as physicians, we are privileged to help others every day. And that makes all the difference.



"Doctors & Their Families Make a Difference in Michigan" is a joint effort of MSMS Foundation and its partners, Blue Cross Blue Shield of Michigan, Mutual Insurance Corporation Of America and the MSMS Alliance. Many thanks to Quebecor World Pendell, Inc. for donating the printing of this special supplement.



Making a Difference for Families in Crisis Shelters

Michigan doctors and their families will distribute thousands of empty bags to their friends, neighbors and civic organizations this month, asking them to fill them with necessary personal care items like soap, shampoo, toothpaste, as well as with children's books. The volunteers will pick up the bags on National Make a Difference Day and deliver them to local family crisis shelters or designated drop off points. Last year, more than 8,000 filled bags were collected and distributed, making life a little more comfortable for families in Michigan's crisis shelters.

The 2000 "Doctors and Their Families Make a Difference in Michigan" project is a joint effort of the MSMS Foundation and its partners, Blue Cross Blue Shield of Michigan, Mutual Insurance Corporation Of America, and the MSMS Alliance.

James Lang, DO, a family practice physician, and his family volunteered their able hands for a Habitat for Humanity project. With support from their local church, Doctor Lang and his family literally helped to “raise the roof” on a house sponsored by Habitat for Humanity, and clearly made a difference in their Grand Rapids community.

Nick Reina, MD, serves as Board President of Goodwill in St. Clair County, where he also serves as Quality Assurance Chairman, overseeing programs that teach vocational and rehabilitation skills to those who need them. He is also Medical Advisor of VNA Special Care Services. In addition, Doctor Reina serves as a Member of the Board on the Hispanic Council of St. Clair County. This council has a strong focus on education and provides programs such as tutoring for grade school children, and a computer give-away program. As a husband and wife team, Doctor Reina and his wife Donna volunteer for AYSO (American Youth Soccer Organization). Doctor Reina serves as referee, and his wife Donna is a coach. Doctor and Mrs. Reina have three children; a son Aaron, and daughters, Kelly and Megan.

Robert Lee, MD, a Bay City dermatologist, and his wife Helen have worked to improve the lives of children through their volunteer work and financial support of many programs such as Created for Caring, a local charitable organization in Bay City. This organization strives to empower disadvantaged parents to realize their own potential while also helping to improve family life. At a restaurant called Lydia's, Helen Lee donates her time working as a cook, and also donates some of the food, for the meals served in the restaurant. Proceeds are earmarked for Created for Caring's child care program. The Lees have also helped underwrite two major fundraisers for the organization. One project is Coats for Kids, organized to provide winter coats for local children. Due to the Lees' generosity over 1,500 children have stayed warm during Michigan winters.

Two new projects for the Lees are the Bay County Women's Center, a domestic violence shelter for families, and the Boys and Girls Club in Pinconning, a facility that offers youth services and activities to over 400 children to help keep them engaged in safe activities and off the streets.

Terry Wortz, MD, is Medical Director of Friendship Corporation, Karaganda, Kazakhstan. He and his wife Renee are career missionaries. Doctor Wortz, a board-certified Internist, established a family practice clinic in Kazakhstan. Renee's work included coordinating the distribution of humanitarian aid to orphanages. The Wortzs continue to work closely with the Medical Dental Ministries of MSUM and the people of Kazakhstan. They helped to establish mobile medical clinics for evangelism and to improve the health care of developing countries throughout the world. Doctor Wortz recently visited the town of Moladayznea, to access its potential as a site for a mobile clinic. He discovered their hospital was a crumbling infra-



structure that had been operating with little to no power since January of 2000 because it could not afford to pay for electricity. As a humanitarian gesture, the local power company offered them one hour of electricity per day, however, the hospital staff never knew when that hour might be. If a patient needed emergency surgery, Doctor Wortz had to make a trip to the power company and persuade them for a few more hours of electricity. Clearly the work of the Wortzs continue to make a difference in the lives of the people of Kazakhstan.

Ingida Asfaw, MD, a cardiothoracic/vascular surgeon, started a non-profit organization called Ethiopian North American Health Professionals Association (ENAHPA). Doctor Asfaw has devoted many hours and personal funding to launch this program. Currently there are approximately 120 members from all over the world.

ENAHPA is a humanitarian, private, non-profit group of medical professionals including physicians, nurses, dentists, pharmacists, clinical laboratory scientists, and non-medical professionals who have roots in Ethiopia and want to improve medical delivery services there. The mission of the ENAHPA is to assist in the physical and mental health care needs of the people of Africa, focusing primarily on those in Ethiopia, to provide a general health education for the people (emphasizing the needs of children) and to provide support for graduate and post graduate education of individuals seeking a career in the field of medicine.

Glenn Irwin, MD, a family practitioner, has spent many years treating people in other countries. Now semi-retired, Doctor Irwin is well-known for his medical missionary work, and was contacted by Nazarene Health Fellowship, an ecumenical group supplying help to suffering nations, to join their team. His most recent journey in May of 2000 led him to Mozambique, South Africa, where he treated flood victims suffering from last February's devastating flood. Irwin and a team of physicians traveled daily by helicopter to the villages where 4000 people suffered from malaria, malnutrition, skin disease, and parasites. The villagers sought refuge on higher ground and that sometimes meant waiting in the trees for assistance. He and a team of health professionals — including three doctors and three nurses from India, an American nurse, and a nurse from South Africa — worked together for a period of two weeks

Continued on page 6

2000 MSMS COMMUNITY SERVICE AWARDEES

CALHOUN COUNTY MEDICAL SOCIETY

Robert W. Oakes, MD, of Battle Creek, received the award for helping to establish the Adult Day Care Center in Battle Creek. Doctor Oakes also was instrumental in forming the Geriatrics Committee at Battle Creek Health System and helped in coordinating continuity of care between the hospital and area nursing home facilities. He also started the sports medicine program for Lakeview High School's football team and served that program as team doctor for more than 21 years. Doctor Oakes has been an active member of the Calhoun County Medical Society since 1977 and serves as a delegate to the Michigan State Medical Society House of Delegates. He is a past president of the Michigan Academy of Family Physicians and served as an alternate delegate to the American Association of Family Physicians (AAFP).

GENESEE COUNTY MEDICAL SOCIETY



Peter S. Thoms, MD, of Flint, earned the award for his volunteer medical work, both locally and overseas, and for his fundraising activities. Doctor Thoms spent a full year, 1969-1970, doing medical mission-

ary work in Oman. He has been a long-time volunteer with the Boy Scouts of America, a member of the Beecher School Board and an active participant in the Hope United Methodist Church. Doctor Thoms has been an active volunteer since its inception at the Genesee County Free Medical Clinic and has been one of the top fundraisers in the country for CROP Walk (Christian Rural Overseas Program).

INGHAM COUNTY MEDICAL SOCIETY

Mim Bethards of East Lansing is a member of the Ingham County Medical Society Alliance and was nominated by the Ingham County Medical Society to receive the Community Service Award for her work in promoting membership and participation in the Ingham County Medical Society Alliance. As a volunteer for World Medical Relief, she helps collect and distribute medical supplies to third-world countries. In this capacity, she is instrumental in helping provide to not only her own community, but the community of the world, as well.

JACKSON COUNTY MEDICAL SOCIETY

Kevin T. Lavery, MD, of Jackson, received the award for his involvement with The Fitness Council. The mission of the Council is to help people incorporate physical activity into their daily lives. Part of the activities Doctor Lavery helps coordinate include Realizing Ideal Options for Teens (RIOT), a program that identifies at-risk teens and offers after-school curriculums. The curriculum also includes asset-building workshops followed by an hour of physical activity. Doctor Lavery also created and sponsored the New Year's Eve Midnight Run, a healthy alternative for New Year's Eve. The run/walk takes place during the New Year's Eve fireworks celebration. He also has performed glaucoma screenings at local churches, hospitals and business groups.

KALAMAZOO COUNTY MEDICAL SOCIETY

William D. Harrelson, MD, of Kalamazoo, earned the award for his work with children. Doctor Harrelson, along with his wife, Janie, was a founding member of the Michigan Association for Emotionally Disturbed Children (MAEDC). He served as treasurer of the Board for many years. He also served as president and chief fundraiser for the Kalamazoo chapter of the MAEDC. During his service to the Kalamazoo chapter, Doctor Harrelson offered scholarships to teachers in-training to work with children with emotional disorders and funded needed medications for children whose families were unable to pay for them. Doctor Harrelson is a past president of the Kalamazoo Academy of Medicine and served as chief of staff at both Bronson and Borgess hospitals. He was awarded the Laureate Award from the Michigan Chapter of American College of Physicians in 1990.

KENT COUNTY MEDICAL SOCIETY

Douglas A. Mack, MD, MPH, of Grand Rapids, has been a director of local public health services for more than 30 years, the past 20 years as Health Officer and Chief Medical Examiner for Kent County. He is a strong proponent of community collaboration and community-based services, chairing both the Kent County Initiative to Reduce Infant Mortality in 1991, and the Health Kent 2000 community health planning initiative in 1993. In 1990,



when one of Kent County's Federally Qualified Health Centers (FQHC) was on the verge of losing its FQHC status and funding, Doctor Mack was able to spearhead a local solution by working with hospitals to install a community oversight board for the Health Center. He successfully lobbied members of West Michigan's congressional delegation to retain the Health Center's status. In addition to local leadership, Doctor Mack is a nationally recognized expert on health policy and was instrumental in the development of the CDC's model policy on HIV-infected health care workers. He continues to serve on the National Commission on Correctional Health Care and the National Medico-Legal Review Panel. He is a two-time chair of the Michigan State Board of Medicine and a founding participant in the CDC Public Health Leadership Institute. In his spare time, Doctor Mack is an avid runner and mountaineer who has run marathons and scaled mountain peaks on every continent.

MACOMB COUNTY MEDICAL SOCIETY

Jack Shartsis, M.D., FACP, FACG, of Lutsk, Ukraine, earned the award for his work in the U.S. Peace



Corps. He and his wife were assigned to the Ukraine in 1999, then went to volunteer in Lutsk. Doctor Shartsis' original assignment was work in clinics that screen children for thyroid cancer and emotional

problems resulting from the Chernobyl disaster of 1986. Recently, he and his wife were reassigned to a translation agency where they teach English, help with translations and serve as general consultants on various questions about the American culture. Doctor Shartsis also is involved in lecturing local physicians, interns, medical students and other students and makes rounds at local hospitals.

MUSKEGON COUNTY MEDICAL SOCIETY

Osbie J. Herald, MD, of Muskegon, received the award for a variety of community services he has been involved with since moving to Muskegon in 1959. He was the primary impetus for the improvement of medical care for lower-income and disadvantaged people in the Muskegon area. He has often paid for prescriptions for those who couldn't afford them. He also buys clothes and shoes for needy children. For the past several years, Doctor Herald has paid the tuition for a number of medical and nursing students as well as making loans and/or

given money to aspiring African-American business persons. Perhaps Doctor Herald's greatest contribution to the community came during his tenure as Director of the Emergency Department at Hackley Hospital. Under his direction, a department was developed that is staffed full-time by board certified emergency room specialists. Doctor Herald and his wife, Anita Herald, MD, also have made substantial donations to the Muskegon Museum of Art to purchase African-American art and display it in a special section of the museum.



SAGINAW COUNTY MEDICAL SOCIETY

Edgar P. Balcueva, MD,

of Saginaw, earned the award for a number of activities he has been involved with over the years. He initiated the cardiac rehabilitation, dialysis and diabetic teaching programs in Saginaw. Doctor Balcueva also played a major role in starting the migrant workers' health program in Saginaw. Since 1962, Doctor Balcueva has been active throughout the Saginaw area on behalf of the American Heart Association and received its most prestigious award, the Heart of Gold. He also helped form the Saginaw County Office of Substance Abuse and served on its Board for more than 10 years. He is a past president of the Saginaw County Medical Society. Doctor Balcueva was chief of medicine at Saginaw General Hospital and currently is an associate clinical professor of medicine at Michigan State University donating his time working with residents and medical students.



WASHTENAW COUNTY MEDICAL SOCIETY

Daniel D. Heffernan, MD of Ypsilanti, received the award for establishing and providing services to Hope Clinic in Ypsilanti. This free health clinic also offers social services and is volunteer-staffed. Services offered at the clinic include dental, food programs, foster care homes and a men's transitional home, a free furniture program, jail ministry and a program that offers laundry facilities to low-income residents in exchange for them attending health and parenting programs. Doctor Heffernan began offering services to needy migrant workers in Midland. There he started a weekly "tail-gate" medical clinic, loading medical supplies into his station wagon to serve the migrant farm workers in a neighboring community. This eventually led him to begin Hope Clinic.

to treat villagers who had no other means of medical attention. The team worked with interpreters to help treat the villagers. Doctor Irwin currently practices at Kimball's Family Practice Clinic in Hillsdale.

Cynthia Aks, DO, is a general surgeon specializing in the diagnosis, evaluation, treatment, and management of breast disease. She developed a comprehensive Breast Center program for the Downriver community of Detroit. She also helped to develop a Lymphedema program. She currently donates her time by offering community lectures, developing programs, and supporting fundraising activities related to breast disease and specifically breast cancer.

Mary Elizabeth Roth, MD, serves on the Commission on Senior Adults to improve the quality of life of older persons in the City of Smithfield, MI. In addition, Doctor Roth is involved with the local, regional, and national committees of the American Cancer Society, where she has organized a team dedicated to making strides against breast cancer. Doctor Roth is also a member of the Committee on Pain Control and End of Life Priorities. In September Doctor Roth received the 2000 AAFP Public Health Award for Community Service.

Trinh D. Nguyen, DO, has volunteered his services at the Ingham County Health Department Clinic at the Medical Center West Building in Lansing for the last several years to provide medical care to patients who do not have access to health insurance.



Joel Dinverno, MD, a pediatrician, oversees the Dove Medical Clinic, a Christian volunteer-supported project that provides health services to medically underserved people in Jackson and the surrounding areas. Doctor Dinverno volunteered at free medical clinics for the underserved in Ann Arbor while attending college and medical school at the University of Michigan. While attending the University of Minnesota for his pediatric residency, he volunteered at free clinics for the uninsured in that state as well. Doctor Dinverno's move to Jackson was motivated by the opportunity to start a free Christian medical clinic for the underserved in Jackson, where he serves as Co-Medical Director. Dove Medical Clinic is non-denominational,

and provides basic primary and preventative health care services, health education and wellness counseling, to men and women in jobs without medical coverage, children without medical coverage, people awaiting eligibility decisions for public assistance, and the unemployed whose medical benefits have expired. The mission of the Dove Medical Clinic is to minister to the body, mind, and spirit of the medically indigent by providing Christ-centered counseling, comprehensive medical, dental and educational services.

Erick Trimas, DO, along with Joel Dinverno, MD, is Co-Medical Director of Dove Medical Clinic. He is a family physician who truly listens to his patients not only at the clinic, but also at his full time practice at the Foote Family Medical Center. He has taught his colleague that the medical clinic not only helps the patients but also helps the volunteers themselves to grow as they learn to serve and listen to the patients.

Nathima Atchoo, MD, a Waterford obstetrician/gynecologist, has made numerous trips to Baghdad, Iraq, since the Persian Gulf War. Her most recent trip was in April of 2000. On this trip she brought with her 54 cartons of medical supplies, including urology/laparoscopy equipment, 1200 bags of insulin, blood pressure medicine, vitamins, antibiotics, medical videotapes and books. For distribution at a children's hospital, she brought candy, stuffed animals and 16 pre-owned suits. Doctor Atchoo also rented a hotel suite during her stay, filling one room completely with medical items, and operated it like a small pharmacy. In addition, Doctor Atchoo volunteers with "Healing the Children" of Grand Rapids. Through this organization, Doctor Atchoo is able to bring small children who are in need of surgery that is not available in Iraq, to the United States, where a volunteer surgeon will perform the surgery for free. Recently, children brought to the U.S. have received surgery for conditions related to blindness, automobile accidents, heart conditions and scoliosis. Doctor Atchoo's future projects include "adopting" a school to provide it with educational supplies.



Biren Shah, MD, serves as a Big Brother for his "Little Brother" in the Big Brothers Big Sisters Program of Metropolitan Detroit. Doctor Shah and his Little Brother enjoy spending time together attending sporting events, horseback riding, and talking on the telephone. His Little Brother in turn enjoys teaching Doctor Shah pointers in basketball.

In October of 1999, **James Hines, MD**, a Saginaw obstetrician/gynecologist, led a combined medical and dental trip to the Central African Republic. In February of 2000, Doctor Hines and his wife Martha Hines, RN, led a medical mission to Vietnam. Doctor Hines lectured in Hanoi, Hue, and Da Nang, taught surgical techniques, and also performed surgeries. He, along with his wife, and **Doctor Del DeHart** (an infectious disease specialist) held a conference, "Update in Infectious Disease and OB/GYN." This fall, Doctor Hines will travel accompanied by a group of pre-medical students, to Central Africa. There the students will be introduced to Christian missionary work and will assess the health care of the gypsy population. Doctor Hines also plans to travel to Western Romania in December with a group of medical students, to set up a health clinic for the gypsy people.

Dennis A. Boysen, MD, a general surgeon, won the award for outstanding Volunteer Physician/Educator on June 9, 2000. Doctor Boysen is a Professor of Surgery and volunteers his time teaching medical students and residents hands-on experiences, lecturing, and providing office management at Saginaw Cooperative Hospital.



Oscar A. Brown, MD, an ophthalmologist from Milan, has been selected by the American Academy of Ophthalmology to receive the Outstanding Humanitarian Service Award. The Outstanding Humanitarian Service Award recognizes participation in charitable activities, indigent care, and community service that is above and beyond what is expected of a physician and involves personal sacrifice. From 1951 through 1956, Doctor Brown served as a medical missionary in Taxila, Pakistan where he performed surgeries and provided general medical care. He continued his medical mission in Pakistan almost every three years thereafter until 1989. At the request of the Prime Minister of Pakistan, Doctor Brown also served as General Superintendent of the Taxila Hospital.

Jaime V. Aragonés, MD, ophthalmologist and diplomat, and his wife Lourdes traveled to Morocco for a combined medical and humanitarian mission under the joint sponsorship of the Oxford Rotary Club of Michigan and the Mers Sultan Rotary Club of Casablanca.

The medical mission was carried out in an eye



clinic in Casablanca. The hospital obtained several new machines and instruments, and approximately twenty operative procedures were performed with educational interchange through consultations, videos and lectures that were part of the daily activities during the five-day mission. The mission benefited the education of young children as well. Four hundred school children aged 7-13 years received backpacks containing schoolbooks, pencils and crayons, rulers, writing pads, and an abbreviated copy of the Quoron.

Yoel Donchin, MD, clinical professor of anesthesiology and intensive care at Hadassah Hebrew University Medical Center in Jerusalem, worked with a trauma team assigned to help the refugees in Macedonia during the conflict in Kosovo. The team arrived in the middle of a city crowded with tents. All the people there had been deported from their homes and cut off from their basic needs. Those who were suffering from illness such as hypertension or diabetes were as a result deprived of their medications. The team set up a field hospital to care for the refugees, examining between 200 and 400 patients in a day. Some improvisations used by the team included using the light from a CNN crew worker's projector to help deliver a baby in a tent where light was insufficient. Another was using e-mail to send pictures for diagnosis back to the hospital in order to give proper treatment to the patient. Says Donchin, "the real challenge is to give anesthesia at 1 a.m. with temperatures below zero, to a child." The Hadassah trauma team, ready on a 12 to 24 hour notice, has also taken part in two American Embassy bombings in Africa, as well as an earthquake in Turkey.

Carole Rizzo, MD, a Detroit gynecologist, has provided volunteer gynecological services for the Vista Maria – a service of the Sisters of the Good Shepard - for the past fifteen years. The quality of her medical care, as well as her compassionate, caring manner demonstrated to the residents of Vista Maria the importance of placing a high value to their own health care.

Doctor Rizzo is said to extend a personal touch to the way young women were treated in the office and in the hospital. In return, these women rewarded her with cooperation and compliance where they had refused cooperation previously. She also helped with the families of the residents in situations where understanding and education made a difference in the treatment and recovery of the daughter. Many of the women have continued to remain a patient of Doctor Rizzo after they have been released from Vista Maria.

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Executive Summary

Medication-Related Osteoporosis

Michigan Consortium for Osteoporosis
Working Group

The following is a summary of a report on the problem of medication-related osteoporosis prepared by Michigan Consortium for Osteoporosis members and consultants. This report addresses the relationships between osteoporosis and certain diseases and their treatment, emphasizing the importance of evaluation and intervention in such cases.

Osteoporosis is a systemic disorder characterized by deficient bone mass and micro-architectural deterioration resulting in excessive fragility. Postmenopausal estrogen deficiency is its most common cause, but certain diseases and the medications used to treat them can produce similar effects. Within the past several years, this problem has become progressively better recognized. New technology has facilitated diagnosis of osteoporosis and monitoring of therapy, and effective treatment options have become available.

I. MEDICATIONS THAT ADVERSELY AFFECT BONE

The most important causes of drug-induced osteoporosis are chronic use of glucocorticosteroids (GCS) and immunosuppressive drugs, especially calcineurin antagonists with lesser contributions by methotrexate, as well as gonadotropin-releasing hormone agonists, depot medroxyprogesterone acetate, anticonvulsants, thyroid hormone, loop diuretics, heparin and aluminum.

A. Glucocorticosteroids

Exogenous glucocorticosteroids are effective in the management of autoimmune and inflammatory diseases and can greatly improve an affected person's health and quality of life. However, glucocorticosteroids increase bone resorption and decrease bone formation, resulting in decreased bone mass. The risk of fracture is estimated to exceed 30 percent in patients on long-term GCS treatment. Most of these fractures occur in the vertebral bodies or

ribs. Fortunately, effective monitoring and intervention are now feasible.

Glucocorticosteroids have numerous effects on bone and mineral metabolism, which result in net loss of bone mass [Figure 1]. Glucocorticosteroids decrease intestinal calcium absorption and cause renal calcium wasting. The result is secondary hyperparathyroidism, which accelerates bone resorption by osteoclasts. In addition, production of new bone by osteoblasts is impaired. This "uncoupling" of bone formation from resorption results in a negative remodeling balance. The problem can be further compounded by the suppressive effects of GCS on the hypothalamic-pituitary-gonadal axis, resulting in reduced levels of sex-steroid hormone levels in many patients.

B. Other drugs adversely affecting bone mass

The *anti-calcineurin immunosuppressants*, including cyclosporine A (Sandimmune®) and tacrolimus (Prograf®), used in organ transplantation, accelerate osteoclastic activity and can produce a significant bone-remodeling imbalance. Mycophenolate mofetil (CellCept®) appears to be relatively bone-sparing.

Methotrexate is used for the treatment of rheumatoid arthritis, certain malignancies, and psoriasis. It has a significant calciuric effect and may also be directly toxic to osteoblasts, causing a negative calcium balance and an uncoupling of osteoclastic and osteoblastic activity leading to rapid bone loss.

When given exogenously in a non-pulsatile fashion, *GnRH agonists* serve to decrease gonadal hormone production. So administered, they are useful treatments for endometriosis, uterine fibroids, and prostate cancer. With prolonged use, however, they can result in rapid bone loss secondary to sex-steroid deficiency in both men and women.

The injectable contraceptive *depot medroxyprogesterone acetate* (Depo-Provera®) inhibits pituitary gonadotropin secretion, potentially resulting in accelerated rates of bone loss.

Effective *anticonvulsant medications* provide great benefits to patients with seizure disorders. However, physicians should be aware that several of these drugs, especially phenytoin and the barbiturates, affect vitamin D metabolism. Vitamin D supplementation at 800 IU/day or higher is generally recommended for patients on such therapy.

Thyroid hormone replacement is essential for hypothyroid patients, and for the prevention of recurrence or spread of thyroid carcinoma. If thyroid-stimulating hormone (TSH) levels are maintained in the physiological range, there appears to be no harmful effect. However, when given in doses sufficient to suppress TSH levels to below the lower

Continued on following page

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limit of normal for highly sensitive assays, thyroid hormone can stimulate bone resorption. The variable potency of thyroid gland extract is especially problematic, while synthetic thyroxine is much more predictable.

The *loop diuretics* can stimulate calciuresis along with natriuresis. However, *thiazide diuretics* have the opposite effect on calcium excretion and are actually used to blunt hypercalciuria. There is evidence indicating they may independently reduce fracture risk. Hence, when clinically appropriate, calcium-sparing diuretics including indapamide and amiloride have an advantage over loop diuretics.

Heparin also has a significant, although less well-characterized, adverse effect on bone. Although high doses of heparin usually are not given continuously for long periods, dialysis patients are exposed to heparin repeatedly for many years.

Phosphate binding agents that contain *aluminum* have the potential of contributing to osteoporosis, as well as causing osteomalacia. Whenever possible, aluminum should be avoided.

The *weight loss agent* orlistat (Xenical®) interferes with fat absorption, thereby decreasing absorption of vitamin D and other fat-soluble vitamins. The clinical effects on bone are not yet clear. Other weight loss agents may be harmful when body weight is reduced to less than medically desirable levels.

C. Additional agents affecting bone mass

Harmful skeletal effects may also be produced by a number of substances that are subject to abuse, including *laxatives*, *cigarettes*, and *alcohol*. The skeletal effects, both beneficial and harmful, of "*nutriceuticals*" are insufficiently documented by reliable scientific studies to permit evaluation in this paper.

II. RHEUMATOLOGIC CONDITIONS AND OSTEOPOROSIS

Many individuals have arthritis or connective tissue disease. Osteoporosis also is common. Therefore, it is not surprising that a significant overlap of the conditions is found. However, certain rheumatic conditions can predispose an individual to osteoporosis and its ultimate consequence – fractures. Unfortunately, certain treatments for inflammatory and autoimmune diseases also predispose individuals to osteoporosis and fractures.

A. Osteoarthritis

Osteoarthritis (OA), or degenerative joint disease, results in cartilage loss and excessive bony deposits in the joints. As OA progresses it may decrease patients' physical activity resulting in bone loss and muscle weakness, a situation that may predispose them to low bone mass and fractures.

Bone mineral density (BMD) measurement devices overestimate BMD of the spine when OA is present. Therefore, it is recommended that measurements of the femoral neck and/or total proximal femur be performed in such patients.

The usual non-steroidal treatments for OA do not cause osteoporosis, but frequent injections of glucocorticosteroids and excessive use of narcotics may increase the risk of fractures.

B. Rheumatoid and other inflammatory arthritides

Certain inflammatory arthritides, especially rheumatoid arthritis (RA), are aggressive and frequently debilitating diseases of younger individuals. Other inflammatory forms of arthritis, such as psoriatic arthritis and the arthritis associated with inflammatory bowel diseases, are less common, but can result in similar joint deformities. These disease processes directly produce bone loss adjacent to the joints by causing erosions due to synovial tissue inflammation. Furthermore, the diminished mobility of these individuals can lead to bone loss and fractures, unless they actively engage in weight-bearing and resistance-type exercise. Other inflammatory rheumatic diseases may predispose an individual to osteoporosis, including systemic lupus erythematosus (SLE), dermatomyositis and polymyositis, polymyalgia rheumatica and sarcoidosis. However, for most patients, the greater effect on bone is due to the medications utilized to treat them. These illnesses frequently appear in elderly individuals, and may require high doses of glucocorticosteroids for extended periods of time.

Baseline BMD studies should be obtained for any individual who is starting such treatment. Every effort should be made to employ preventive strategies, such as appropriate intake of calcium and vitamin D and bone-protective medications, when indicated and to use the minimum glucocorticosteroid dose consistent with effective treatment. The use of every-other-day glucocorticosteroids in rheumatic disease usually is not effective. Unfortunately, one of the disease-modifying drugs, methotrexate, also may contribute to bone loss, although other glucocorticosteroid side effects are reduced.

III. GLUCOCORTICOSTEROID USE IN ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE

A. Asthma

The increasing prevalence and clinical impact of asthma are well known. Glucocorticosteroids play an important role in the management of airway obstruction in adults. They also are used for the control of perennial allergic rhinitis. Glucocorticosteroids are administered by oral or parenteral routes in the treatment of acute exacerbations of asthma and chronic obstructive pulmonary disease (COPD). They are increasingly administered as inhaled maintenance medications, especially in patients with asthma.

Recently, best practice guidelines for asthma have shifted from the implementation of therapies using beta agonists and theophylline that were typical of the 1980s and early 1990s to the use of inhibitors of mast cell degranulation (such as cromolyn and nedocromil), inhaled glucocorticosteroids, and most recently, leukotriene antagonists. Ultimately, reduction of systemic GCS exposure is the most important consideration from the standpoint of minimizing harm to bone.

B. Effects of inhaled and intranasal glucocorticosteroids on growth and bone mass

Asthma is an especially important and growing problem in children and adolescents. Glucocorticosteroids are the mainstay of therapy. Oral GCS, while effective, have important adverse effects on growth and skeletal mass. Inhaled GCS for

asthma, and intranasal GCS for allergic rhinitis provide most of the benefits of oral steroids with greatly reduced adverse effects, including those on bone mass. In children, inhaled and intranasal GCS clearly cause far fewer adverse skeletal effects than oral steroids. They can slow growth velocity, but to a much lesser degree than oral GCS. When appropriately used, the benefits of inhaled GCS greatly outweigh their relatively minor adverse effect on growth and skeletal mass.

C. Chronic Obstructive Pulmonary Disease (COPD)

Although oral or intravenous glucocorticosteroids are often used in the treatment of exacerbations of COPD, the duration of therapy should be limited. Inhaled GCS may have a role in the treatment of selected patients with frequent exacerbations in an attempt to limit the impact of these exacerbations, but they are not an appropriate therapy for all patients with COPD. In contrast to their effect in asthma, GCS do not appear to limit disease progression in COPD.

IV. GASTROINTESTINAL DISEASE AND OSTEOPOROSIS

Major considerations in the care of gastrointestinal diseases include the effects of impaired function in patients with autoimmune hepatitis, liver transplantation, and chronic inflammatory bowel disease (particularly Crohn's disease). Additional functional considerations are important in a smaller cohort of patients who have undergone gastric surgery or intestinal resection or bypass.

Gastrointestinal disorders that result in impaired absorptive function, such as Crohn's disease or celiac sprue, can result in vitamin D deficiency, negative calcium balance, and other nutritional deficiencies that adversely affect the skeleton. The beneficial effects of glucocorticosteroid therapy in improving gut function must be considered in this context, in relation to adverse effects. Many Crohn's disease and ulcerative colitis patients are dependent upon glucocorticosteroids, requiring low-dose, continuous therapy or intermittent treatment with tapering doses of glucocorticosteroids.

Accelerated osteoporosis with glucocorticosteroid use is increasingly recognized in gastroenterology. Non-steroidal immunosuppressives and newer cytokine/anticytokine therapies and topically active glucocorticosteroids (e.g., budesonide) are gaining favor as alternatives to oral GCS, and monitoring of patients with bone densitometry is being employed with increasing frequency.

In autoimmune hepatitis, titration to minimally effective GCS doses is standard, and newer immunosuppressive agents are used more commonly, but glucocorticosteroids remain the mainstay of treatment.

V. BONE LOSS FOLLOWING ORGAN TRANSPLANTATION

Transplantation of organs is an extraordinary medical advance. However, one of the consequences of this advance has been the dramatic adverse effect of immunosuppressive drugs on bone mass. Effective therapy is now available to mitigate the adverse skeletal effects of organ transplantation.

The serious underlying conditions that result in organ transplantation also contribute to reduced bone mass. After

transplantation, bone loss occurs rapidly. The greatest decreases occur within the first six months, due to the effects of both glucocorticosteroids and the other agents used to prevent rejection. In renal transplant patients, the effects of these medications are superimposed on the complex of adverse skeletal effects associated with long-term renal failure. Bone density losses of 3 to 8 percent of the lumbar spine are common in renal transplant patients, but some transplant patients may lose 30 percent or more. Limiting the exposure to high doses of medications may be helpful, but control of rejection must remain the paramount concern.

Cyclosporine and alternative calcineurin inhibitors are the key components of most immunosuppression protocols and clearly are implicated as contributing to bone loss. These agents permit glucocorticosteroids to be used at lower dosages than formerly and they have greatly improved organ survival rates. However, they increase bone resorption resulting in a high rate of bone turnover and osteopenia.

All patients who undergo organ transplantation should have bone density determinations at baseline and regular intervals, preferably assessed at the spine, hip and forearm.

VI. THE TREATMENT OF MEDICATION-RELATED OSTEOPOROSIS

Drugs with adverse skeletal effects are often necessary in the treatment of serious disease. Fortunately, a number of interventions are available to mitigate their harmful effects. Drugs useful in the prevention or treatment of medication-related osteoporosis include those intended to correct abnormal physiologic states, as well as drugs intended to have a direct anti-resorptive effect.

A. Monitoring therapy

Measurements of bone mineral density (BMD) by central DXA (especially spine and hip) are essential for the recognition and monitoring of medication-induced osteoporosis. BMD should be determined at the time of initiation of high-risk treatment, and repeated yearly or more frequently when conditions dictate. (Note that the effects of GCS on growth and maturation of the skeleton complicate the comparison of pediatric and adolescent BMD measurements with normal pediatric reference ranges.) Biochemical markers of bone metabolism, also performed at six- to 12-month intervals, may be useful in assessing the activity of bone metabolism and the response to treatment, but they are not a substitute for densitometry.

B. Correction of adverse effects on mineral metabolism

Renal calcium wasting can be treated with a thiazide or one of the other diuretics known to improve renal calcium conservation. Impaired calcium absorption can be partly offset by administration of ample calcium and vitamin D. However, some cases require a more potent vitamin D metabolite. Because of the hazards of calcitriol (Rocaltrol®) treatment, it should be administered only under the supervision of a specialist experienced in its use.

C. Antiresorptive agents for glucocorticosteroid-related bone loss

The best-documented results in steroid-induced osteoporosis have been achieved with *bisphosphonates*. Both alendronate (Fosamax®) and risedronate (Actonel®) have been shown to favorably affect bone mass in glucocorticosteroid-treated patients and are FDA-approved for this indication. These drugs have demonstrated a reduction in typical steroid-induced osteoporotic fractures. Oral etidronate and intravenous pamidronate have also been reported to benefit glucocorticosteroid-treated patients, but the manufacturers have not sought US registration for this indication.

When sex-steroid deficiency complicates GCS-related bone loss in men or women, *estrogen or androgen replacement* is beneficial for maintenance of bone mass.

D. Special considerations in post-transplantation osteoporosis

In transplant recipients, the major effects of glucocorticosteroids are amplified by the effects of calcineurin antagonists which further accelerate bone resorption. The physiologic derangements of calcium metabolism are similar to those described for GCS and respond to the same interventions. Although no approved drug is specifically registered for the prevention or treatment of transplantation-associated osteoporosis, published studies have reported excellent results with intravenous pamidronate. Other potent bisphosphonates may also be effective.

E. Osteoporosis related to other medications

Generally, the key points are control of the exposure and employment of proper preventive measures as discussed previously. When osteoporosis has developed, conventional therapies are usually beneficial.

VII. SUMMARY

Patients who are chronically exposed to certain medications are at considerably increased risk for osteoporosis and fracture. This risk may be superimposed upon the effects of the underlying diseases. The availability of modern diagnostic and therapeutic tools permits treatment of these diseases with reduced risk of osteoporotic complications.

Bone mass should be monitored regularly in patients who are exposed to high-risk medications, keeping in mind the limitations of BMD data in pediatric patients. Biochemical markers of bone turnover may be useful, but they are not a substitute for BMD measurement.

Attention to the adequacy of the patient's calcium and vitamin D status is essential. Both alendronate and risedronate have been approved by the FDA for the prevention and treatment of glucocorticosteroid-induced osteoporosis.

As a result of progress in diagnosis and treatment, the burden of medication-related osteoporosis can be greatly reduced, permitting optimal treatment of patients for their underlying conditions while minimizing skeletal consequences.

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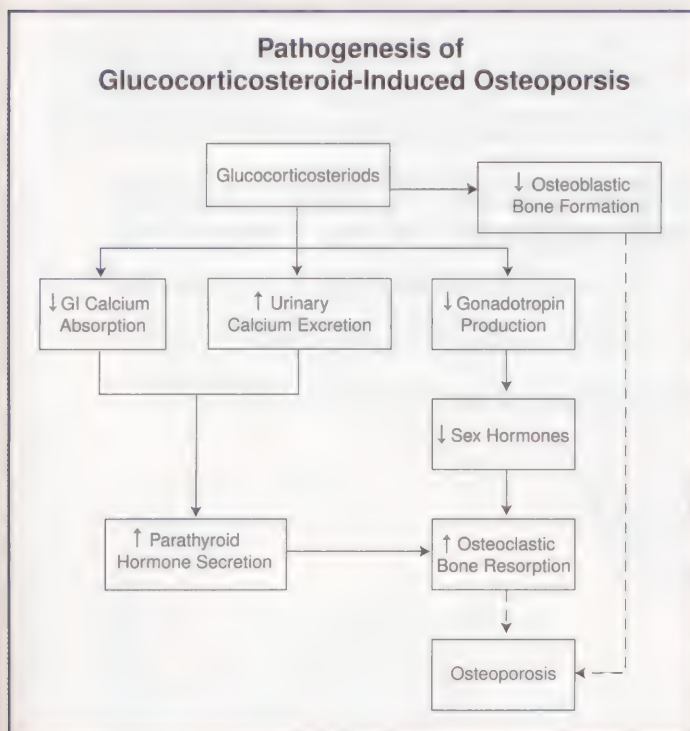
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HIV Testing for Expectant Mothers is Imperative

By Andrea L. Rybicki

HIV continues to spread rapidly throughout the U.S. and the world, affecting people of every class and economic level. Most notably, it has affected children. Recent estimates indicate that approximately 7,000 HIV infected women give birth annually in the United States and 15-20% of these women pass their HIV status on to their child. This accounts for the fact that over 90% of pediatric AIDS cases resulted from perinatal transmission.

HIV transmission from mother to child may occur during pregnancy, labor and delivery or through postpartum breast feeding, although 65-70% of transmission occurs during the delivery period.

With the results of AIDS Clinical Trial Group protocol 076, came hope for decreasing the risk of mother to child transmission. Results of this trial, released in 1994, showed that a regimen of zidovudine (ZDV) given to pregnant women and their newborns reduced the risk of transmission by two-thirds. It can be assumed from this that if this antiretroviral drug therapy were used more frequently there would be a significant reduction in the number of children contracting the HIV virus.

The best way to prevent the spread of HIV to children is to have knowledge of a woman's HIV status early in her pregnancy and implement a treatment program that consists of prenatal, perinatal, and postnatal care. Unfortunately, the difficult part seems to be convincing all physicians who see pregnant women to offer counseling and at least the opportunity for a woman to be tested to determine her HIV status.

The Prenatal Care Requirement of the Michigan Law (Act 491 of 1988, as amended by Act 200 of 1994 Section 5123) requires that:

1) A physician or an individual otherwise au-

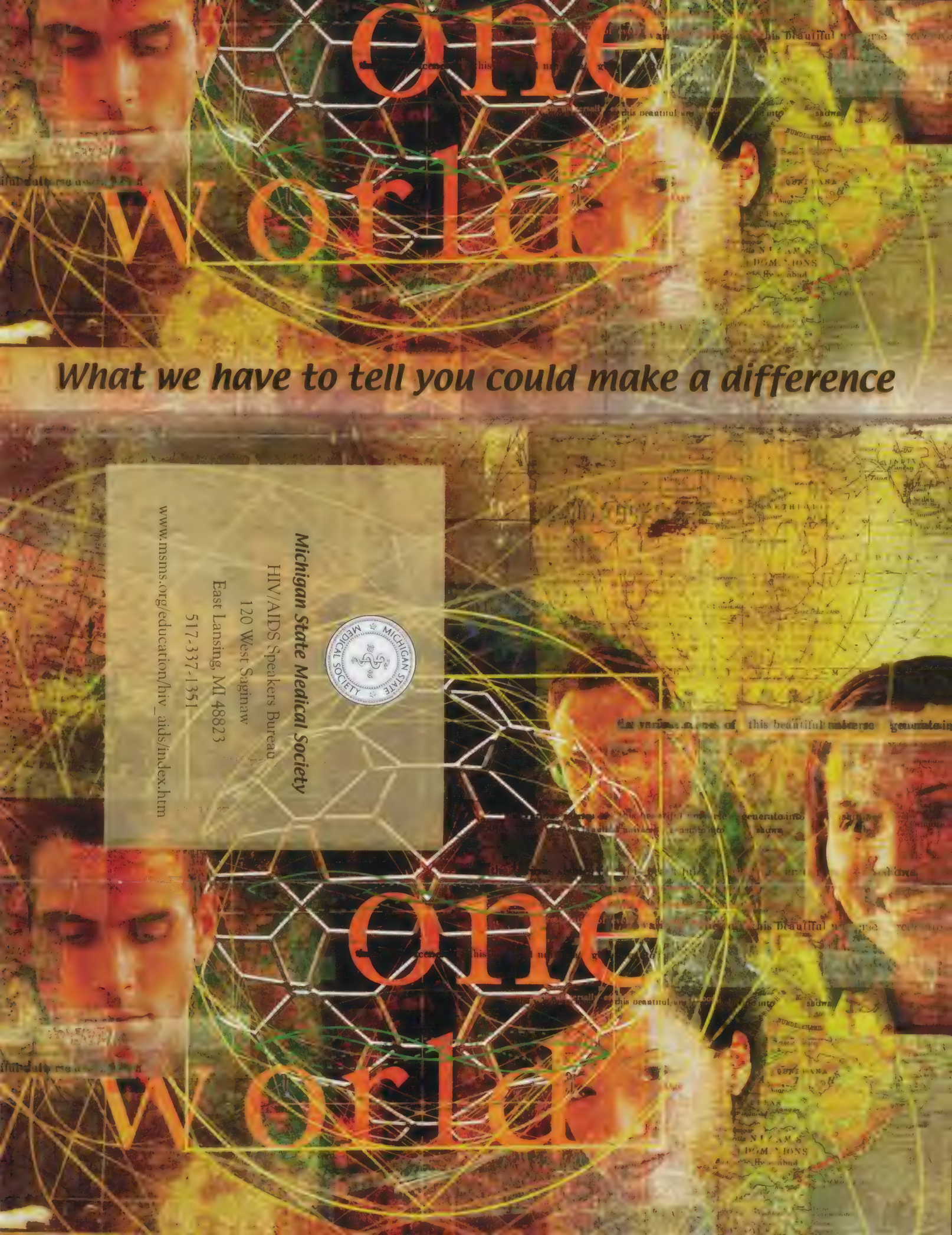
thorized by law to provide medical treatment to a pregnant woman shall take or cause to be taken, at the time of the woman's initial examination, test specimens of the woman and shall submit the specimens to a clinical laboratory approved by the department for the purpose of performing tests approved by the department for venereal disease, HIV or an antibody to HIV, and for hepatitis B. If, when a woman presents at a health care facility to deliver an infant or for care in the immediate

postpartum period having recently delivered an infant outside a health care facility, no record of results from the tests required by this subsection is readily available to the physician or individual otherwise authorized to provide care in such a setting, then the physician or individual otherwise authorized to provide care shall take or cause to be taken specimens of the woman and shall submit the specimens to a clinical laboratory approved by the department for the purpose of performing department approved tests for venereal disease, for HIV or an antibody to HIV, and for hepatitis B. This subsection does not apply if, in the professional opinion of the physician or other person, the tests are medically inadvisable or the woman does not consent to be tested.

1) The physician or other individual described in subsection (1) shall make and retain a record showing the date the tests required under subsection (1) were ordered and the results of the tests. If the tests were not ordered by the physician or other person, the record shall contain an explanation of why the tests were not ordered.

1) The test results and the records required under subsection (2) are not public records, but shall be available to a local health department and to a physician who provides medical treatment to the woman or her offspring.

Though it's the law, it doesn't always happen. Many physicians don't offer counseling and



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MSMS HIV/AIDS Speakers Bureau



**Michigan State Medical Society
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What is the MSMS HIV/AIDS Speakers Bureau?

The MSMS HIV/AIDS Speakers Bureau is a resource comprised of more than 130 individuals available to speak to groups on a variety of HIV/AIDS-related issues. Available speakers include physicians, nurses, social workers, attorneys, infectious control practitioners and people who are infected with HIV. The speakers bureau is part of the MSMS AIDS Provider Education Project.

Some topics speakers can discuss:

- Perinatal Transmission and Pediatric HIV/AIDS
- Universal precautions and infection control guidelines
- Preventing the transmission of HIV
- Oral manifestations of HIV
- Opportunistic diseases including Hepatitis B and C
- HIV/AIDS in Women
- Managed Care in HIV/AIDS Care

What kind of groups can request speakers?

The Speakers Bureau is available to any health care audience requesting information on HIV/AIDS. This includes physicians, nurses, substance abuse counselors, HIV testing counselors, school nurses, hospital staffs and nursing home personnel.

How is a speaker scheduled?

Anyone who wants a speaker for an event or meeting should contact the MSMS AIDS Provider Education Project at 517-336-3772 or fill out the request form on our web page at www.msms.org/education/hiv_aids/index.html. At least two weeks notice is requested so the best possible speaker for the audience may be secured. Once a speaker has been secured, a confirmation letter is sent to the speaker and the requesting organization.

What other responsibilities are placed upon the requesting organization?

It is asked that the individual responsible for arranging the presentation complete an evaluation of the speaker. The evaluation form is provided with the confirmation letter. This evaluation should be completed as soon as possible following the presentation and mailed to the MSMS AIDS Provider Education Project.

Is there a charge for speakers bureau services?

No. There is not a charge to organizations requesting a speaker. The MSMS HIV/AIDS Speakers Bureau is a joint project of the Michigan State Medical Society and the Michigan Department of Community Health. This cooperative effort enables MSMS to pay all speakers an honorarium for each presentation

arranged through the MSMS AIDS Provider Education Project.

What other resources are available through the MSMS AIDS Provider Education Project?

The MSMS AIDS Provider Education Project also maintains a videotape and slide library that any health care provider may utilize. The slides include information on a number of related topics. The video library has videos which focus on educating adolescent populations about HIV transmission and many videos that would be appropriate for a non-medical audience. In addition to the general information videos, there also are those which provide information on counseling and testing for HIV, information targeted to laboratory and housekeeping staffs and material on HIV in the primary care setting.

To borrow any of the videotapes or slide sets, please contact the MSMS AIDS Provider Education Project.

How is the MSMS HIV/AIDS Speakers Bureau contacted?

If you have questions about the MSMS AIDS Provider Education Project, contact Tom Seely, Coordinator, at 517-336-5770 or tseely@msms.org. If you would like to request a speaker, please contact Kristi Doe at 517-336-5772 or kdoe@msms.org.

testing to their pregnant patients because they assume there is no risk. Although it may be true that certain individuals have a greater risk of contracting HIV due to certain risk behaviors, no one is exempt from HIV. Assuming there is no infection because a patient doesn't fit the perceived profile of an HIV positive person only exacerbates the problem. In addition, physicians who don't offer HIV counseling and testing generally don't refer their patients to anyone who does. "In the vast majority of cases, it is a combination of an underappreciation of the inherent risk of their patient population and inadequate attempts to integrate risk assessment and HIV testing protocols into their office practice," said Theodore Jones, MD, an OB/GYN and member of the Subcommittee on Perinatal HIV Reduction.

Enforcement of this law is difficult at best, and usually just doesn't happen. Even within hospitals, charts are not routinely checked to make sure testing and counseling have been offered. "Hospitals should be informed of their responsibility to the statutes. This will lead to increased efforts on the hospital's part to comply by impressing upon their medical staff the importance of documentation of the test results in the prenatal record before it is submitted to the hospital," said Doctor Jones.

The Subcommittee on Perinatal HIV Reduction, which consists of OB/GYNs, infectious disease specialists, pediatric providers from MSU and WSU, and staff from the HIV/AIDS Surveillance Section of the MDCH are attempting to educate physicians on the importance of following the mandatory requirements. The group produced a document called, "Improving the Odds: Reducing Perinatal HIV Transmission," which contains information available for reference to physicians in their treatment of HIV positive pregnant women. The Subcommittee recently convened to discuss revisions and updates to the information, and plan to complete them by the end of this year.

Perinatal HIV/AIDS and Prenatal Care

- 25% of perinatally HIV-exposed children who become HIV infected were born to women who did not receive prenatal care.
- Women with drug use history or drug-using partners are less likely to receive prenatal care.
- Women with known ongoing high risk behavior should be offered re-testing if negative on initial screening.

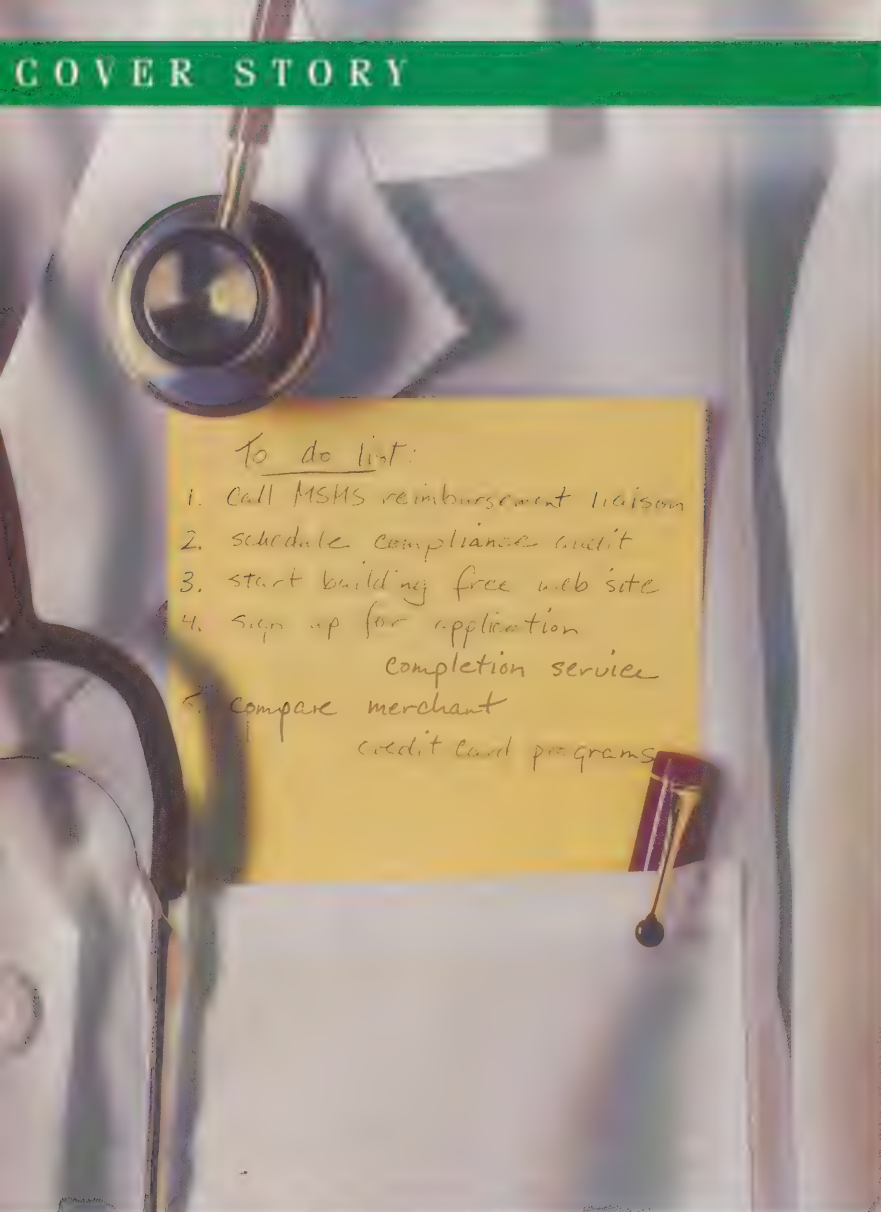
Source: HIV/AIDS Surveillance Section, Bureau of Epidemiology, MDCH

The American College of Obstetricians and Gynecologists announced at its Annual Clinical Meeting in May an initiative for the prevention of the perinatal transmission of HIV, funded through a grant by the Centers for Disease Control and Prevention. The initiative would be an aggressive education campaign to help the nation's 40,000 OB/GYNs make HIV testing part of their standard battery of prenatal tests. Through this initiative, all women who don't refuse would be routinely tested.

For more information on treatment of HIV positive expectant mothers, visit the Michigan Department of Community Health's website at www.mdch.state.mi.us/improve/. Information on the American College of Obstetricians and Gynecologists' efforts can be found on their website at www.acog.org.

MSMS also provides a valuable resource through the AIDS Provider Education Project, funded by the Michigan Department of Community Health. The MSMS HIV/AIDS Speakers Bureau is a program comprised of more than 100 individuals available to speak to groups at no charge on a variety of HIV/AIDS-related issues. Presentations are available on topics such as: perinatal transmission and pediatric HIV/AIDS; universal precautions and infection control guidelines; prevention and transmission of HIV/AIDS; opportunistic diseases including Hepatitis B and C; HIV/AIDS in women and others. For more information on this program, contact Tom Seely at (517) 336-5770 or tseely@msms.org or visit the MSMS website at www.msms.org/education/hiv_aids. ■

The author is a Lansing-based freelance writer.



How to Stay Competitive, Save Time and Money (Save This Article!)

by Jennifer Higgins

Doctor, are you taking advantage of these time- and money-saving resources? From reimbursement assistance, to compliance advice, to hassle reduction and eservices, MSMS has the answers.

The rewards of membership have never been greater," says Billy Ben Baumann, MD, president, MSMS. "The challenge to preserve the profession grows daily. Membership is both an immediate opportunity and a solemn obligation to future physicians."

Reimbursement Liaison Resolves Payment Problems

The reimbursement liaison service is available to physicians free of charge for assistance with reimbursement problems. Once all attempts to resolve a claim have been exhausted, physician offices contact the reimbursement liaison for support. The liaison takes a history of the case, documenting all efforts undertaken to collect on the bill in question, and begins to research the problem. Because of the experience of the reimbursement liaison and the

strong reputation of MSMS, physicians typically experience resolution of bills in question and collection of payment at some level nine out of 10 times.

"We had two separate claims, one with Medicaid and one with a Medicaid HMO, that were not getting resolved," said Sandi Young, billing clerk, Coldwater Radiologists, PC. "I was spending enormous amounts of time and energy trying to collect on these bills. After contacting the MSMS reimbursement liaison and outlining the efforts we had taken, she was able to resolve the claim. If it wasn't for this service, we would have had to write it off."

In addition to assisting with reimbursement, the liaison pays visits to Michigan health plans, stays abreast of changes within the plans, establishes contacts on behalf of the physician's office, and educates physicians and their staff

on reimbursement related issues.

For more information, contact Jennifer Grennell, chief reimbursement liaison, (517) 336-5722 or jgrennell@msms.org.

Physician Service Offers One Stop Shopping for All Insurance

MSMS members, their employees and family members can now purchase a full range of insurance products through MSMS Physician Insurance Resources. This offering is facilitated by a new strategic alliance with Mutual Insurance Corporation of America and Comerica Insurance Services. In addition to health and dental insurance, Physician Insurance Resources offers everything from professional liability and worker's compensation to auto, homeowner and commercial insurance. In addition, members can purchase variable and term life insurance, as well as long-term care and disability.

"The ability to purchase all the insurance services we need through one resource is a terrific benefit," said AppaRao Mukkamala, MD, radiology, chair, MSMS Physician Service Group, Inc. "The insurance staff specializes in physician insurance and is committed to providing us with the most competitive rates and quality service. This sort of 'one-stop shopping' saves a great deal of time and energy on our part."

Other new products include 412i qualified retirement plans, qualified plan subtrusters, section 105 qualified sick pay plans and tax deductible long-term care plans. MSMS continues to offer insurance options through Blue Cross Blue Shield of Michigan and Delta Dental Plan of Michigan. Call (800) 748-0195 or email gitservice@msms.org for details and competitive quotes.

PhyBuy.Com Helps Decrease Costs

The MSMS Physician Service Group has partnered with PhyBuy.Com to provide an e-Commerce resource for discounted pricing on a full line of medical/surgical products, pharmaceuticals and injectables, office/computer supplies and insurance. Because PhyBuy.Com represents thousands of physicians across the country, MSMS members are able to take advantage of substantial discounts on top-of-the-line products. In fact, savings on contracted items can be up to 85%. Some examples are

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National Brand foley catheter (10/case)	\$30.91	\$11.55	63%
National Brand lab coat	\$27.95	\$4.02	85%

shown above.

"Because of the large number of physicians across the country who have contracted with PhyBuy.Com, we are able to obtain nationally recognized, name brand products at an impressive discount. We're happy to be able to provide this opportunity for savings to our members," commented Doctor Mukkalama.

For more information on PhyBuy.Com, contact MSMS' Sarah Cressman at (517) 336-5727 or scressman@msms.org.

Just One Time Takes the Hassle Out of Health Plan Applications

Physicians can now forget about the hassles of time-consuming paperwork when filling out health plan applications by using MSMS and MICOA's Professional Credential Verification Service's (PCVS) newest product, *Just One Time*. This fast and confidential application completion service begins online when the physician or his/her staff complete PCVS' data fields, which match the Michigan Association of Health Plans' (MAHP) common application form. The form, which meets JCAHO, NCQA and American Accreditation HealthCare Commission/URAC standards and is accepted by 23 HMOs for credentialing, is then stored in the PCVS database. From there, with the physician's permission, the completed, attested application can be sent to health plans upon request – without filling out another application.

"*Just One Time* is a self-explanatory process," commented Susan Catto, MD, internal medicine. "It has simplified the procedure of becoming credentialed by insurance panels and is much less tedious than filling out multiple copies of paperwork."

More than 420 MSMS physicians have used the *Just One Time* service to date. For more information, call (887) 778-7568 or visit www.medadvgrp.com.

"MSMS is always introducing new services to help members reduce overhead costs and save money."

**—Billy Ben Baumann, MD,
MSMS President**

Continued on page 28



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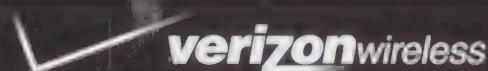
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**"We've found
the credit card
service has
certainly been
less costly."**

—Kenneth Musson, MD

Continued from page 19

MSMS Members Learn the Latest Palm Technology

According to surveys of MSMS members conducted last year, 58 percent are interested in hand-held technology or the Palm – the latest tool to enhance patient care. In addition, 88 percent of those are interested in attending seminars to maximize their use of the Palm and 43 percent already own a hand-held device. In response to this interest, MSMS developed a course that is broken into two parts, Palm 101 and Medical Palm, and approved for three hours of Category 1 CME Credit.

"The Palm courses were excellent," said Kathleen Buran, MD, orthopedic surgery. "The courses opened my eyes to how Palm devices can assist me in daily activities, as well as in the practice of medicine in the year 2000."

Palm 101 teaches physicians the basics about using the Palm, how to synchronize their computer with the Palm and how to share information through Infrared technology. The second course, Medical Palm, explores the more advanced features of the Palm including conversion of paper forms to the Palm; accessing medical news updates from a variety of medical resources; carrying patient records, diagnosis software and wireless communications; and prescribing medications electronically.

For a schedule of upcoming seminars or for fee information, contact Randy Gavorin, MSMS Chief of Internet Systems, (517) 336-7594 or randy@msms.org.

Build a Free Web Site with Medem

MSMS recently became the first state medical society to partner with the national e-health network, Medem, Inc. Through Medem, physicians can create their own free, personalized websites that give patients access to comprehensive health information and services, as well as interactive tools and communication with their own physician's office.

"I have been able to customize my website exactly how I want it," said Joseph Weiss, MD, internal medicine. "I wasn't interested in a website as an advertisement. I wanted it as a service to my patients. My patients now have an alternative for finding information about their diagnosis or other facts they might be interested in regarding their situation."

Information typically contained on these sites ranges from clinical journal articles and the latest news about a particular specialty to a physician's curriculum vitae. Medem is the only such network to provide trustworthy, credible information to patients using clinical leadership and the expertise of the nations' leading medical specialty societies and the American Medical Association.

For more information about Medem, contact Mary Anne Ford at MSMS, (517) 336-5721 or maford@msms.org or see msms.org.

Merchant Credit Card Program Saves Physicians Money

The MSMS Merchant Credit Card program was introduced one year ago and has been extremely well received. While many other credit card programs are notorious for raising their fees, MSMS has been able to help participating physicians save money through an ongoing partnership with the State's most experienced credit card processor, Michigan Retailer's Services.

"We've found the credit card service has certainly been less costly from the standpoint of fees while saving us substantial amounts of money," said Kenneth Musson, MD, ophthalmology. "My office manager likes the fact that it's very easy to reconcile statements, which was a problem with our previous system."

To date, approximately 200 members take advantage of this cost-saving service. For more details or to receive a free comparative account analysis, contact Sarah Cressman at MSMS, (517) 336-5727 or scressman@msms.org.

MSMS Provides Complete Communication Services

MSMS members now can take advantage of a wide range of communication services through Physician Communication Resources. From cellular and paging to messaging and e-mail, physicians now have a reliable, all-hours, state-wide communication network. Some of the services available include:

- Physician Paging – state, regional and national coverage
- Cellular Phone Service – national digital coverage
- E-mail Accounts – via MSMSNET
- Internet Access – via MSMSNET
- Messaging Services – including screening non-urgent calls, on-call scheduling, message delivery options, after hours accountability, local telephone access, risk management, voicemail emergency prescreening.

For more information, contact Sarah Cressman at MSMS, (517) 336-5727 or scressman@msms.org.

Real Estate Rebate Program Saves on Commissions

An alliance was formed last year with Prudential Real Estate Company that affords participating physicians savings in the form of reduced commissions or cash back from the purchase or sale of their property.

The savings will vary based on location of sale and the listing price of the property being purchased or sold. Members can expect to receive a 20 percent reduction in the listing commission or a 20 percent cash back bonus on residential transactions and a 15 percent reduction in the listing commission or a 15 percent cash back bonus on commercial transactions.

For more information, call (877) 778-5040 for residential transactions or (800) 294-7667 for commercial transactions.

Dues Payment Now More Affordable

As a result of "More Affordable Dues Payments," a resolution introduced at the 2000 House of Delegates, members now have the option to pay their dues in full or on an affordable monthly payment schedule. In the resolution, member physicians asked that a quarterly payment schedule be approved by MSMS. The Society went one step further and introduced a monthly payment option. The monthly payment option is available by use of credit card only, which allows for automatic payment each month.

Beginning with the 2001 billing cycle, which starts in October, the three options for payment will be in full, in two installments of 50 percent each or in monthly payments. For more information, contact Kathy Hagen, MSMS chief of membership operations, (517) 336-5780 or khagen@msms.org.

Checklists Help with Compliance and Contracts

To assist in compliance with US Department of Health and Human Services Office of the Inspector General's (OIG) recently released guidelines, MSMS has developed a comprehensive "Compliance Plan Checklist." It addresses key elements of a compliance plan, including: Audit triggers; Training programs; Written standards; and Disciplinary processes.

In addition, MSMS created a "Managed Care Contracting Checklist" to help physicians evaluate the fine print in complex managed care contracts. It addresses these key areas of concern: Definitions; Physician obligations; Billing requirements; Quality assurance; Dispute resolution process; Compensation; Termination; Utilization review; and Amendments.

MSMS has created an "Employed Physician Contracting Checklist" as well. To obtain a free copy of any of these checklists, contact Patty Bokovoy at MSMS, (517) 336-5723 or pbokovoy@msms.org. ■

The author is a Grand Rapids-based freelance writer.

Why the White House *isn't* This Year's Hottest Election

By Ralph D. Ward

"After working 20 years for malpractice reform, we could lose it all if the Supreme Court should overthrow these reform laws."

—Billy Ben Baumann, MD, MSMS President

This is a year when America faces one of its tightest presidential contests in decades, with a true referendum on where we as a nation hope to go in the new century. Hot national races for the House and Senate will determine which major party controls Congress. Many key state Congressional races in November will determine the shape and priorities of the Michigan political agenda. Why, then is the Michigan State Medical Society placing much of its effort on seemingly obscure races for the state Supreme Court?

Because it's the one arena that *really* matters to Michigan physicians, due to its upcoming reviews of crucial state tort reform law. "After working 20 years for malpractice reform, we could lose it all if the Supreme Court should overthrow these reform laws" says Billy Ben Baumann, MD, president of MSMS.

As we have noted in past articles on the world of politics, the process of passing new legislation is no longer a straightforward, limited campaign that ends with the Governor's signature on a bill.

Instead, the new model more resembles an open-ended guerilla war. Once the bill becomes law, a whole new wave of special interests and attorneys begin sniping at the legislation in court, working through the appeals process (sometimes repeatedly) to weaken, undercut or even overthrow the law altogether.

When a group such as MSMS succeeds in passing legislation, as was done with several crucial tort reforms in the 1990s, the temptation is to declare victory and go home as soon as the ink dries on the bill. The Society's strong involvement in this fall's Supreme Court elections shows that we are aware of this modern legislative reality — it ain't over until it's over.

MSMS is supporting the three incumbent members of the state Supreme Court who are seeking reelection this fall: Robert P. Young, Jr., Stephen Markman, and Clifford W. Taylor. "These three judges represent the main stabilizing influence in our legislative efforts of the last few years" observes John MacKeigan, MD, chair of the MSMS Board. "Their support of legislative action over court action is the main reason."

Michigan's Supreme Court has built a reputation over the past decade as one of the most "conservative" in the midwest.

"Conservative" in judicial terms means that the court is less willing to substitute its own decisions, or those of lower courts, for laws properly passed by the legislature. The tort reforms of the 1990s, which MSMS and its members fought so hard to achieve, now face legal appeals by opponents, a process which will likely end up at the Supreme Court level. There, the possibility of weakening or even invalidating the reforms is very real. U.S. courts have nullified 90 tort reform statutes in recent years, including decisions by the Ohio and Illinois Supreme Courts that tossed out tort reforms in those states.

As an example of how a supportive top court can turn decisions the other way, in 1999 the Michigan Supreme Court voted to uphold the constitutionality of the state's 1993 Expert Witness Qualification Statute. By setting strict criteria on who can qualify as an "expert" witness, this law makes it easier for physicians to find fair and reasoned justice in malpractice cases. "The strength of this court is its ability to uphold the law, and the Expert Witness case is a perfect example" says Bob Jones, director of Michigan Lawsuit Abuse Watch (MLAW).

Continued on page 42

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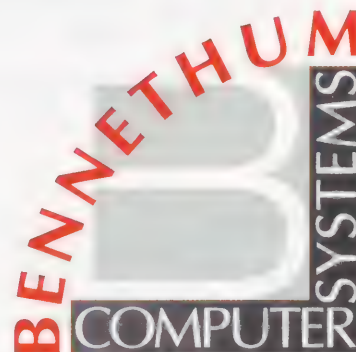
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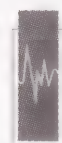
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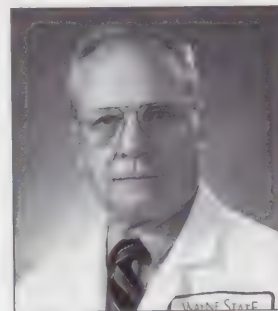
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Business Acumen and Medical Expertise Combine in Dean of WSU School of Medicine

By Andrea L. Rybicki



John Crissman, MD

Early this year, the faculty of Wayne State University School of Medicine voted overwhelmingly to forgo the usual national search for a Dean. In an unprecedented move, more than 80 percent of the 800 faculty members who voted opted to suspend the nationwide search.

WSU President Irvin Reid appointed Doctor John Crissman, who had been Interim Dean since May of 1999, and in March the Wayne State University Board of Governors confirmed his appointment. The decision was due, in part, to the fact that financial problems facing the School of Medicine couldn't wait. Many faculty members felt that with the difficulties facing the school and health care in general, the school and medical center could not afford to spend a great deal of time looking for a new Dean when the ideal candidate was right in front of them. Doctor Crissman, praised for his business acumen and leadership skills, seemed the perfect solution for the financially ailing School of Medicine.

Past successes prove Dean Crissman has the skills to turn around a program that is losing money. As chairman of pathology from 1990 to 1998, Crissman consolidated the medical laboratories at Wayne State University School of Medicine into DMC University Laboratories. The commercial/outreach operation now grosses over \$18 million annually making it one of the largest profit centers in the DMC. According to Dean Crissman, his skills as a businessman were acquired, in part, due to his undergraduate degree, Mechanical Engineering, which he received in 1961 from Massachusetts Institute of Technology. "Engineers have to be logical and good problem solvers, attributes that help success in business," said Dean Crissman.

But Dean Crissman also contributes superb medical skills to his position. His expertise in the field of pathology has helped him reach his

position as Dean. "I think to effectively run a large medical school, one has to achieve some expertise in order to be respected by colleagues. This respect gives me the qualifications to implement my business skills," said Dean Crissman.

His list of appointments includes such prestigious positions as director of surgical pathology at the University of Cincinnati, vice chairman of pathology at Henry Ford Hospital and several positions at WSU, as well as others. He also was captain of the department of radiobiology for the School of Aerospace Medicine at Brooks Air Force Base.

In the future, the Dean would like to continue research growth at WSU. "Development and coordination of a faculty practice plan, a clinical trials research organization, and an extension of the School of Medicine's relationship with clinical teaching hospital partners in Southeast Michigan are in the works," said Dean Crissman.

A Turning Point

As for the future of medical education, the Dean believes it will soon reach a turning point. "It (medical education) will be looked at with a great deal of scrutiny because of the archaic methods in which it's financed, particularly graduate medical education." In order to change this, the Dean believes, there needs to be an assessment of society's needs and a more organized, better way to finance medical education than the haphazard residency programs which are in existence today.

It is clear from the problems facing Wayne State University School of Medicine and health care in general today that the school needs a capable leader, one who can balance the various tasks with competence. Wayne State University School of Medicine seems to have found that leader.

The author is a Lansing-based freelance writer.

Doctor Crissman, praised for his business acumen and leadership skills, seemed the perfect solution for the financially ailing School of Medicine.



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Keep Your Medical Edge with Annual Scientific Meeting Courses

By Penny Englerth

The 2000 Annual Scientific Meeting promises to be not only educational, but thought-provoking. In addition to the latest in medical research and treatments, course offerings will address some of the most crucial issues facing medical practitioners today. Courses on such topics as genetic research, end-of-life care, medical technology, Internet informed consent, and environmental issues are sure to raise as many questions as answers.

Evangeline Spindler, MD, chair of the ASM planning committee, is excited about this year's course offerings. "Medical practice today is under siege," she says, "and the ASM is an opportunity for physicians to catch up on advancements in research, its diverse clinical applications and remarkable therapeutic potential, as well as to recapture their pride in their profession and remember why they became physicians. Course offerings are designed not only to educate, but to promote discussion on both the clinical and ethical/social implications of current trends in health care.

This year's theme, "New Frontiers in Medicine," is anchored by plenary sessions on "frontier" issues. The Thursday, November 2 plenary session is titled "The Human Genome Project: Challenging Frontiers in Medicine and Ethics." The speaker, Mark Hughes, MD, PhD is professor of Molecular Medicine and Genetics and professor of Pathology and Obstetrics/Gynecology at Wayne

State University. He will discuss the clinical applications of the DNA sequencing, human genome mapping initiative. The emphasis will be on how this enormous data set of genetic information is being used and could be used in the practice of medicine. The ethical and social ramifications of using this information to customize medical therapies will be highlighted as well as potentials for abuse.

Friday's plenary session will be presented by Cary Engleberg, MD, professor of Internal Medicine and Microbiology & Immunology at the University of Michigan School of Medicine. On the topic "New Frontiers in Antiviral Treatment," Doctor Engleberg will talk about the development of new antiviral agents. The discussion will include how these agents have increased choices for treatment of previously untreatable viruses, other than HIV. Doctor Engleberg will survey new antiviral agents that are impacting the treatment of herpes viruses, influenza A and B, enteroviruses, rhinoviruses, and hepatitis viruses.

CME for Many Specialties

In addition to the two plenary sessions, 38 CME courses will be available covering topics of interest in many specialties. Below is a sampling:

"Pediatric Office Update," presented by DeVos Children's Hospital (course director, Nabil Hassan, MD). Participants will learn to understand the definitions and implications of apnea, SIDS, and ALTE; how to recognize airway emergencies and initiate interventions; and how to understand the special needs of children who require home mechanical ventilation.

"Traditional and Alternative Therapy for Menopause," presented by Hutzel Hospital and the Wayne State School of Medicine (course



tiers in Medicine and Ethics." The speaker, Mark Hughes, MD, PhD is professor of Molecular Medicine and Genetics and professor of Pathology and Obstetrics/Gynecology at Wayne



director Charla Blacker, MD). Selective estrogen receptor modulators and both pharmacological and naturopathic therapies will be emphasized for treatment of menopause. According to Doctor Blacker, the naturoceutical industry is huge, and physicians need to learn more about these treatments in terms of efficacy and safety. She says patients often assume that "natural" means "safe" or that natural treatments are as effective as traditional ones. Some of them may be effective as adjuncts or, in some select patients, alternatives. "Knowledge of naturopathic treatments could offer more alternatives for individual practitioners to individualize treatment to meet their patients' needs," says Doctor Blacker. Also under discussion at during this course is treatment of the breast cancer survivor with emphasis on hormonal therapy.

"Radiology Updates for Clinicians," presented by the Michigan Radiological Society (course director, A.P. Zingas, MD, FACR.) This course will cover embolization for treatment of symptomatic fibroids, radiology of pulmonary embolism, carcinoma of the prostate, and radiologic evaluation of appendicitis.

"What Every Practitioner Should Know about Genetics and Genetic Testing." A panel of experts in this rapidly evolving field will discuss DNA and the clinical cytogenetics with patient care examples to explore. Course director and panelist, Rhoda M. Powsner, MD, JD says, "It has become apparent to me that there is a great lack of knowledge about the implications of advancing medical technology. Genetic research and testing issues such as privacy and disposal and storage of specimens need to be addressed, not just by the medical community but by the legal community and the public at large." Says Doctor Powsner, "People are concerned about their financial privacy but give no thought to their health care privacy."

This collaborative panel includes Helga Toriello, PhD, of Spectrum Health Plan; Gerald

Feldman, MD, PhD, FACMG of the Wayne State University School of Medicine; Daniel Can Dyke, PhD of Henry Ford Health Systems, and Doctor Powsner.

Collaborative Effort

According to this year's program chair, the planning committee worked very hard to review evaluations from the 1999 ASM and to incorporate those suggestions into this year's program. Doctor Spindler is especially pleased by the variety of organizations represented and the amount of collaboration that is evident in this year's course schedule. Several specialty societies are represented as well as medical schools and major hospitals and healthcare systems.

New Short Courses

A new option at ASM 2000 is the "short course." On Thursday morning, "Informed Consent (.com)" and "Medical Diagnosis, Treatment, and Rehabilitation of Hearing Impairment" will run from 8:30 to 10:30 a.m. "Barriers in Diagnosing and treating Adult Depression" will be held from 2:30 to 4:30 p.m. This change is part of an effort to add flexibility to the program.

The William Beaumont Lecture will once again be presented during the Annual Scientific Meeting. This year's lecture will be on Thursday, November 2 from 12:30 to 1:30 p.m. The speaker is to be announced at a later date.

"With 39 CME courses and two excellent plenary sessions," says MSMS President, Billy Ben Baumann, MD, "this year's Annual Scientific Meeting promises to appeal to physicians of all specialties." ■

The author is a writer and is Executive Director of the Michigan Ophthalmological Society.

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Wednesday Morning, November 1

All morning courses run from 8:30 a.m. to noon with a half-hour break.

- Clinical Allergy for the Primary Care Physician
- Beyond Viagra: Current Perspectives on Sexual Dysfunction
- Peripheral Vascular Diseases: Recent Medical, Endovascular and Surgical Advances
- New Frontiers in Surgery
- Pediatric Dermatology
- A Morning in Family Practice

Wednesday Afternoon, November 1

All afternoon courses run from 1:30 p.m. to 5:00 p.m. with a half-hour break.

- New Frontiers in the Immunopathogenesis and Treatment of Atopic Dermatitis
- Radiology Update for Clinicians
- Addiction Medicine 101
- Multi-Disciplinary Approach to Aortic Aneurysms and Dissections
- Pediatric Emergency Medicine – How Sick is Too Sick?
- Medicaid in Transition: Can Health be Maintained in Medicaid HMO's?
- Handheld Technology with Patient-Based Tools

Thursday Morning, November 2

"Early Bird" Plenary Session, 7:15 a.m. – 8:15 a.m.

The Human Genome Project: Challenging Frontiers in Medicine and Ethics

All morning courses run from 8:30 a.m. to noon with a half-hour break.

- Dolly's Legacy: A Brave New World in Bioethics
- Frequently Encountered Neurological Problems
- The Uncommon Presentations of Common Rheumatological Problems
- The Endoscopic Approach to Plastic Surgery
- Handheld Technology with Patient-Based Tools
- Internet Tools for Informed Consent*
- Medical Diagnosis, Treatment, and Rehabilitation of Hearing Impairment*

Thursday Afternoon, November 2

All afternoon courses run from 2:00 p.m. to 5:30 p.m. with a half-hour break.

- Traditional and Alternative Therapy for the Menopause
- What Every Practitioner Should Know about Genetics and Genetic Testing
- Improving End-of-Life Care
- Update on Environmental Health Issues
- Non-Pharmacological Management of Chronic Obstructive Pulmonary Disease
- Handheld Technology with Patient-Based Tools
- Barriers in Diagnosing and Treating Adult Depression**

Friday Morning, November 3

"Early Bird" Plenary Session, 7:15 a.m. – 8:15 a.m.

New Frontiers in Antiviral Therapy

All morning courses run from 8:30 a.m. to noon with a half-hour break.

- Infectious Disease: Update 2000
- Management of Back Pain
- Pediatric Office Update 2000
- Current Knowledge, Treatment and Prevention of Obesity
- Musculo-Skeletal Medicine for Non-Orthopaedic Physicians
- Common Otolaryngologic Problems

Friday Afternoon, November 3

All afternoon courses run from 1:30 p.m. to 5:00 p.m. with a half-hour break.

- Current Trends in Colon and Rectal Surgery
- Domestic Violence & the Physician: Legal Responsibilities and HealthCare Response
- Prevention and Treatment of HIV Disease in Children and Adolescents
- Cardiology 2000: Diagnosis & Treatment of Heart Disease
- Otolaryngology for the Primary Care Physician
- Orthopaedics—Conditions You Can't Afford to Miss

* Short course held from 8:30 a.m. – 10:30 a.m.

** Short course held from 2:30 p.m. – 4:30 p.m.

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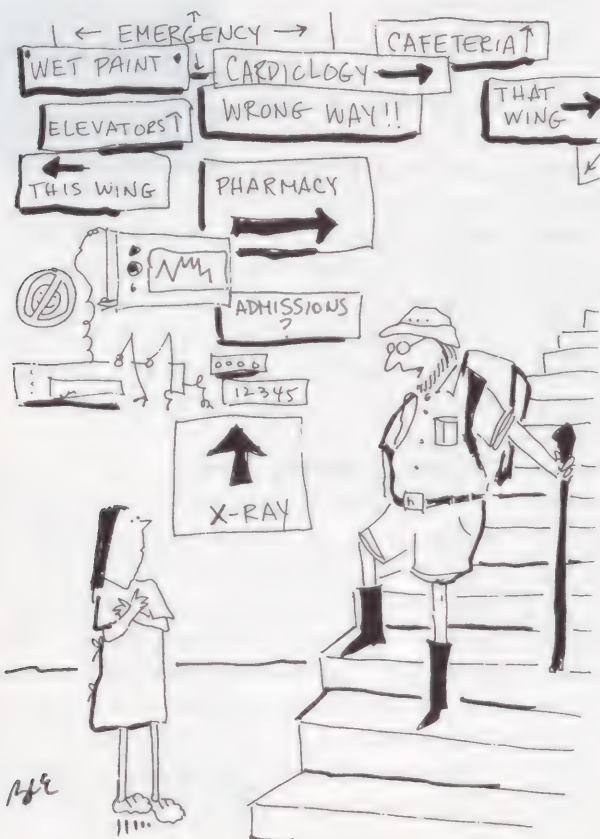


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Hottest Election

Continued from page 30



Justice Young

"They've been a breath of fresh air." Cases involving statutes of limitation, and caps on non-economic damages will be on the state court's docket in the year ahead.

While the current Michigan court makeup seems inclined to support established laws, voting out the three incumbent jurists could turn the balance. "It's important to support judges who have shown through their judicial records that they see their role as following and interpreting the law, not using the bench as a legislative body" notes Doctor Inad Haddad, chair of the Michigan Doctor's Political Action Committee (MDPAC).

Grassroots Action

MDPAC played a significant role in several major fundraising events for Justices Young, Markman and Taylor in Detroit on July 26 and in Lansing at MSMS headquarters on August 17. Physicians can take the credit for having raised nearly \$150,000.

"We've studied the records of all candidates to the court," says Doctor Haddad, "and we felt most comfortable with the three candidates we're supporting. We feel they have the highest level of honesty, are unbiased, and that legislation is safe in their hands."

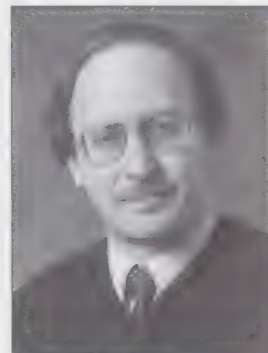
More physician support is needed. The high court's vital role in reviewing state legislation is understood as well by those who have opposed the tort reforms and other needed changes in our health care environment. "Opponents in the trial bar from across the nation know that our Supreme Court is one of the most constructionist in the country," says Doctor Baumann.



Justice Taylor

"That's why they despise them — the plaintiff's bar has been pouring money into this race." Thus, despite the powerful edge of incumbency, the three court candidates face strong electoral challenges this fall.

The Society is making a strong effort to build member support for this fall's Supreme Court elections, although the prospect of a closely-fought presidential election is proving distracting. Another ironic handicap may be that the easing in members' liability concerns encourages a complacency about the future of malpractice. "Physicians are less concerned on issues related to liability in recent years due to the greater stability and a significant drop in malpractice premiums," observes Doctor MacKeigan. Also, "I think that all physicians have gotten complacent on issues related to advocacy due to the number and complexity of the issues. There used to be one or two issues at a time—now there are tens, or even hundreds, so we can get desensitized."



Justice Markman

Too Important to Ignore

Yet, victory for the MSMS-endorsed Supreme Court candidates in November can be vital, due to the immediate impact court decisions will have on hard-earned liability protections for all state physicians. "It's a little disturbing, so far, that the message hasn't gone out," warns Doctor Baumann. "The doctors are either preoccupied, or not interested." However, "self-interest should tell physicians that they'd darned-well better rally 'round and support these candidates."

NEW MEMBERS

Members of the Michigan State Medical Society join in welcoming the following new members into a progressive state medical organization. MSMS is dedicated to promoting the science and art of medicine, the protection of the public health and the betterment of the medical profession. Each new member is encouraged to join other MSMS members at both local and state levels in achieving these goals.

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Medicaid: Finally, Reason for Optimism

Billy Ben Baumann, MD

MSMS President

This year's Medicaid budget battle resulted in a bitter-sweet victory for physicians and hospitals.

Bitter in the sense that funding is still inadequate. Sweet because substantial gains were made, well in excess of inflation, offering hope for further real gains next year.

In June, about \$195 million was added to the Medicaid program, which is just below half of the money needed to make the program sustainable. That includes a 9 percent increase for physician services. In addition, we also achieved passage of a bill which requires Medicaid HMOs to make timely payments to physicians and others.

The Bitter: Michigan's Medicaid program is still underfunded. Inadequate funding is causing two major problems: 1) reducing access to care for the poor and disabled, the people who need it most, and 2) placing physicians and hospitals in the difficult, gut-wrenching position of deciding whether and if they can provide care out of their own pockets — personally subsidizing their Medicaid patients. Both problems could be solved with a stroke of a pen in Lansing. The money is there.

Purely and simply, basic funding of medical care for the poor and disabled is the state's obligation, not that of physicians and hospitals. It is not only an ethical obligation, but it's a legal one. Exasperated by seeming administrative indifference, MSMS has resorted to legal action over the past year in attempting to get adequate information about the program through the Freedom of

Information Act. In addition, a group of concerned Michigan congressional representatives has initiated a federal audit of the Michigan Medicaid program to determine if its obligations are being met. These actions are further attempts to restate the obvious. How many ways do we have to say 'underfunded'?

As physicians, we know the state's financial obligations are not being met and we have reams of anecdotal documentation — through our tireless grassroots effort — to prove it. But it's much more than that. Medicaid underfunding is a reality that physicians face every day in the office or clinic. We're not insulated from the problem as government officials are. It's not merely an academic discussion of dollars and cents and budgetary constraints and compromises. It's a problem that forces each physician into a personal dilemma: to decide whether she/he can afford to treat their Medicaid patients. These decisions are made as we picture our patients' faces in our minds, as we imagine the consequences to their families and the community, as our hearts break for them, and as our professional honor bids us hold out a little longer. It is precisely this emotional bond to our patients and our profession of which the Michigan Medicaid program has taken advantage!

The Sweet: For the first time since 1991, physician Medicaid payments were boosted 9 percent — well above the 3 percent inflationary rate. That's a *real* increase in payments, and a cause for celebration. Pop the corks! Our first raise

in 9 years! And the passage of timely-payment legislation makes that raise even more meaningful.

MSMS' grassroots effort was a great success, thanks to the thousands of physicians who provided evidence and spoke their minds to legislators and policymakers. Our coordinated action made the difference — from physicians in Houghton all the way to Monroe.

We are optimistic about next year's budgetary process for several reasons. We have a successful year under our belts. We have timely payment legislation for Medicaid. We have strong, hard-working allies in the legislature. And soon we'll have detailed Medicaid information from the FOIA lawsuit and the federal HCFA audit to bolster our position.

The Status: Medicaid HMOs, which were partly to blame for payment foul-ups and shortfalls to physicians, have much to prove. Hopefully, this fall's rebidding process and timely payment legislation will solve some of the chronic problems. We'll monitor changes and expect improvements.

Physicians must continue grassroots efforts to increase Medicaid funding. Our job is not done. Only through strong, frequent, effective, and logical arguments will we move Medicaid funding to a reasonable and socially responsible level. It's not too early to begin corresponding with your state legislators now for next year. Momentum is on our side. We have reason for optimism. We can and must transform the bittersweet victory of 2000 into a truly sweet one in 2001, for our patients' and for the good health of our communities! ■

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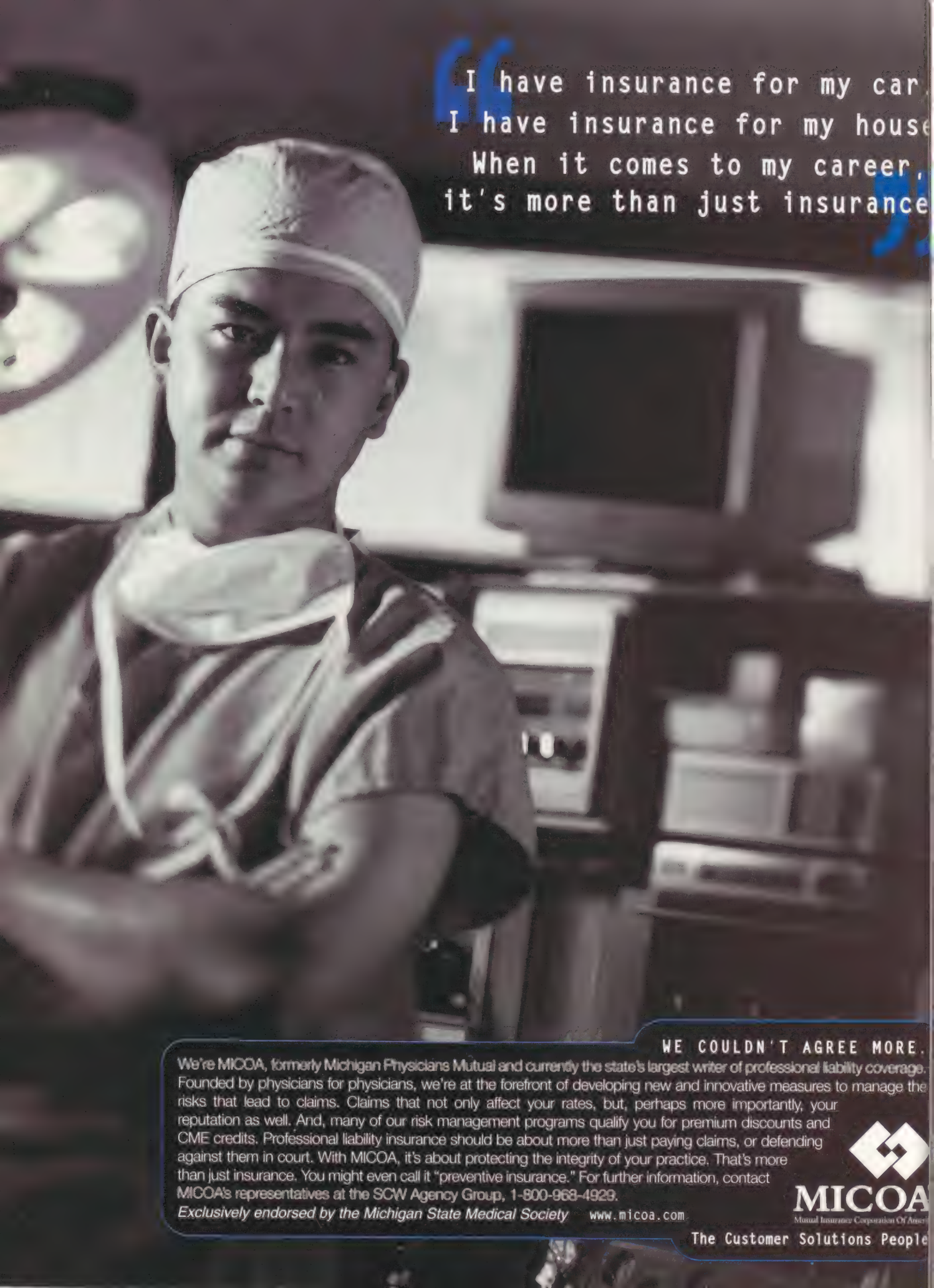
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